459-206:010-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls. Registration District No. 73 File No. 82441

No. ..... St.

Primary Registration District No. 210 Registered No. 10

Hospital .....

FULL NAME OF CHILD Ruth Marie Mercer

Sex of Child	Twin / Triplet / or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	3	Yes	April 6 1920

FATHER		MOTHER	
FULL NAME	Ralph D. Mercer	FULL MAIDEN NAME	Pearl Thurston
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive., at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ralph T. Mercer

Physician.
(Physician or midwife)

Address Idaho Falls.

Filed Aug 11 1920 W Summerhays Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1951

JAN 10 1968

764.227.010-353

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Peoples

Registration District No. 73 File No. 82442

Primary Registration District No. 2150 Registered No. 149

FULL NAME OF CHILD Cloe Poulter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		3	Yes	May (Month) 27 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. A. Poulter	FULL MAIDEN NAME	Ruby Telford
RESIDENCE	Idaho Falls	RESIDENCE	Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	[illegible] wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Mg 27.20 (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph T. Merrill

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida

Filed Aug 11 1920 W. Fremont
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-121-017-365

PLACE OF BIRTH

County of Boundary

City of Addie

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

Registration District No. 79 File No. 82443

Primary Registration District No. 3156 Registered No. .....

FULL NAME OF CHILD Robert Oliver Berry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robt. Elmer Berry	Grace Connor
RESIDENCE	Addie, Ida.	Addie, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	37
BIRTHPLACE	Kansas.	Kansas.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Grace Berry (Mother)

(Physician or midwife)

Address Addie, Idaho.

Filed 8/25/1920. E. E. Fry. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

[redacted]

JUL 15 1969

493.203-011-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79. File No. 82444

No. ..... St.

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence Ellen Miller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Aug. 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Steven Z. Miller	FULL MAIDEN NAME	Bertha M. Tank
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Austria,	BIRTHPLACE	Idaho -
OCCUPATION	Sectionman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed 8/3/ 1920. E. E. Fry.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1961

437-211-011-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 29 File No. 82445

No. ____ St.

Hospital Bonners Ferry Primary Registration District No. 2156 Registered No. ____

FULL NAME OF CHILD Dorothy Jean McGlocklin

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Aug. 11th 1920 (Month) (Day) (Year)

FATHER

FULL NAME Wm McGlocklin

RESIDENCE Bonners Ferry, Ida

COLOR ____ AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Iowa

OCCUPATION Grocery Clerk

MOTHER

FULL MAIDEN NAME Ella May Cooper

RESIDENCE Bonners Ferry

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 8/19/21 1920. E E Fry

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82445
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed McGlocklin	Dorothy Jean McGlocklin

Subscribed and sworn to before me this 11th day of December, 1941

Probate Judge E B Schlette

~~Notary Public~~, residing at Bonners Ferry, Idaho

My commission expires ~~My Commission Expires~~ 2nd Monday January 1943

[SEAL]

Signed W. J. McGlocklin Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bonners Ferry Idaho
P.O. 556 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on DEC 15 1944 By .....
(Registrar's signature)

DEC 18 1941

352.214.011-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79. File No. 82446

No. ..... St.

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD Betty Lee Leslie

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Aug. 14 1920 (Month) (Day) (Year)

FATHER

FULL NAME Hilliard Milton Leslie

RESIDENCE Bonners Ferry, Ida.

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Canada.

OCCUPATION Log Scaler.

MOTHER

FULL MAIDEN NAME Una Mary Lee

RESIDENCE Bonners Ferry, Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa.

OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.05 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 8/14/1920. E. E. Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-216-011-546

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Copeland

Registration District No. 79 File No. 82448

No. ..... St.

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD Violet Anna Edwards Washburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes.	Aug. 16, 1920

FATHER		MOTHER	
FULL NAME	Volney Warren Washburn	FULL MAIDEN NAME	Violet Edwards
RESIDENCE	Copeland, Ida.	RESIDENCE	Copeland, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	woodsman	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8.18 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Aug. 16, 1920. E. E. Fry
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 3 1942

594-228-011-65J

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 74 File No. 82449

Primary Registration District No. 3156 Registered No. .....

FULL NAME OF CHILD GLADYS PAULINE NIMS Twins (Nims)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 28 1918

FATHER		MOTHER	
FULL NAME	Gus L. Nims	FULL MAIDEN NAME	Martha Wenzel
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a M. on the date above stated.

(Signature) L. T. Barnett

(Physician or midwife)

Address Bonners Ferry Ida

Filed 8/28 1920 E. E. Frye Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Boundary } ss.

Certificate No. 82449

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gladys Pauline Nims (Name on Original Certificate) who was born (Was Born or Died) on August 28th 1920 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Gladys Pauline Nims
Surname	Nims	Nimz

Subscribed and sworn to before me this 16th
day of September, 19 44

Notary Public, residing at Bonners Ferry
My commission expires September 20th 1944
(Seal)

Signed G G Nims Father.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bonners Ferry, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 1 9 1944

SEP 20 1944

713-114102-294

[redacted] V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59 File No. 82450

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD Patten

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	8 14 1920

FATHER	MOTHER
FULL NAME William M. Patten	FULL MAIDEN NAME Maud M. Kidd
RESIDENCE Moore, Idaho	RESIDENCE Moore, Idaho
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Rockville, Utah	BIRTHPLACE Manchester Penn
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.20 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician
(Physician or midwife)

Address Moore, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 8/15 1920 E. W. Fox

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 2 0 1975

249-229-012-619

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore — Registration District No. 59 — File No. 82451

No. ____ St.

Primary Registration District No. 2129 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Infant Hurt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	8 29 1920

FATHER	MOTHER
FULL NAME Adam Hurt	FULL MAIDEN NAME Roxy Wartham
RESIDENCE Moore, Idaho	RESIDENCE Moore, Idaho
COLOR White — AGE AT LAST BIRTHDAY 59 (Years)	COLOR White — AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Portland	BIRTHPLACE Spanish Fork, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

(Signature) E W. Fox

Physician (Physician or midwife)

Address Arco, Idaho

Filed 8/29 19 20 — E W Fox Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

963 111 C 12-389

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59 File No. 82452

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD LEWIS W. Rothwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug. (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Robt. Wm Rothwell	FULL MAIDEN NAME	Edith Childs
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Cannon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Ares, Idaho

Filed 8-31 1920 Eva Fox

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 82452

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who Born (Was Born or Died) on Aug 11-1920 (Date of Event)
in Moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lewis W. Rothwell

Subscribed and sworn to before me this 19th day of October, 1942

Notary Public, residing at Arco Idaho

My commission expires May 23-1946
(Seal)

Signed Edith Rothwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mother

Leslie, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 21 1960

OCT 21 1942

23620-2012-849

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 82453

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Joan Stoddard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	August 1 1920

FATHER	MOTHER
FULL NAME: James Lehi Stoddard	FULL MAIDEN NAME: Nellie Quist
RESIDENCE: Arco, Idaho	RESIDENCE: Arco, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Hyrum Utah	BIRTHPLACE: Hyrum Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

(Signature) E. W. Fox

Physician (Physician or midwife)

Address Arco, Idaho

Filed 8/2 1920 [illegible] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1949

293-109012-493

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Butte

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 82454

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Robert Glen Bills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8 9 1920

FATHER	MOTHER
FULL NAME: Norman D. Bills	FULL MAIDEN NAME: Mary Miles
RESIDENCE: Moore, Idaho	RESIDENCE: Moore, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Salt Lake City Utah	BIRTHPLACE: Salt Lake City, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moore Idaho

Filed 8/10 1920 E. W. Fox

Registrar

962-208-014-433

[redacted] 1-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Notus 2d Registration District No. 3 File No. 82455

No. ..... St.

Primary Registration District No. 2005 Registered No. 189

Hospital .....

FULL NAME OF CHILD Lola Mae Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	S.	1	Yes	Aug 8 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Robertson	Almeda McClure
RESIDENCE	Notus 2d	Notus 2d
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	41	24
BIRTHPLACE	Freetown Ind	S. Dakota
OCCUPATION	Carpenter	Housewife

Number of child of this mother including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Lee M.D.
(Physician or midwife)

Given names added from a supplemental report. 19....

Address Caldwell 2d

Registrar

Filed 8-12-1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 82455
County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lola Mae Robertson (Name on Original Certificate) who was born (Was Born or Died) on August 8 - 1920 (Date of Event) in Notus, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ——— (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lola Mae Robertson
Name	Bert Robinson	Bert Robertson

Subscribed and sworn to before me this 2nd day of May 1942
Donald L. Lackland
Notary Public, residing at Parma, Ida.
My commission expires May 1. 1944
(Seal)

Signed Bert Robertson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Parma, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May 1942
Donald L. Lackland
Notary Public, residing at Parma, Idaho
My commission expires May 1, 1944
(Seal)

Signed x Mrs Ada McClure
(Signature of Any Credible Person Other Than Previous Year)
1407 Everett. Caldwell, Idaho.
(Street Address, City, State)

MAY 4 1942

MAY 8 1942

229-210-014-119

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

...m V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 2 St.

Hospital

Registration District No. 3

File No. 82456

Primary Registration District No. 2005

Registered No. 190

FULL NAME OF CHILD Dorothy Mae Skidmore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug. 10 1920

FATHER		MOTHER	
FULL NAME	Bertrand George Skidmore	FULL MAIDEN NAME	Lillian May Margett
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Deerfield Illinois	BIRTHPLACE	Chicago Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address

Registrar

Filed 8-12-1920 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-21-

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

24-449

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 82457

Primary Registration District No. 2005 Registered No. 191

FULL NAME OF CHILD _____

Sex of Child Female | Twin, Triplet or other? other | and Number in order of birth 2nd | Legitimate? yes | Date of Birth Aug. 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Robert Torrman

RESIDENCE Caldwell Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle Murdock

RESIDENCE Caldwell Ida.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah.

OCCUPATION House-wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or [redacted]) at 4. a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or [redacted])

Address Caldwell Ida.

Given names added from a supplemental report.

_____ 19____

Filed 8-16-1920 John L. Imeyer Registrar

_____ Registrar

E-Y CO. 24668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

213-112-0[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. R. # 2 ~~St.~~

Hospital yes-

Registration District No. 3 File No. 82458

Primary Registration District No. 2005 Registered No. 192

FULL NAME OF CHILD Clifford Winton Bale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes-	Aug 12 1920

FATHER		MOTHER	
FULL NAME	R. H. Bale	FULL MAIDEN NAME	Alice Downing
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Farming-	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address

Filed 8-13- 1920 John V. Moyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
'84 4 14 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 82458

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bale (Name on Original Certificate) who was born (Was Born or Died) on August 12, 1920 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	mitted	Clifford Winton Bale

Subscribed and sworn to before me this 4th day of
February, 1977
Florence Courtright
Notary Public, residing at Basal
My commission expires 4-20-77
(Seal)

Signed David Wallace Bale
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1 New Plymouth
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with Bureau of Vital Statistics gives anme of father as Clifford Winton Bale born Caldwell. Child born Idaho on April 8, 1957, Certificate # 57-3782
Viewed by V.S.

Social Security Card gives name as Clifford Winton Bale, # 519 22 7676
Card Issued 1949 by Social Security Act.
Viewed by V.S.

318-114-0154-128

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Rural 1 St.

Registration District No. 3

File No. 82459

Primary Registration District No. 2005

Registered No. 193

Hospital

FULL NAME OF CHILD Earnest Dale Taylor

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes	Aug. 14 1920

FATHER		MOTHER	
FULL NAME	Earl Taylor	FULL MAIDEN NAME	Lula Esta Ashcraft
RESIDENCE	Caldwell- Idaho.	RESIDENCE	Caldwell- Idaho
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah-	BIRTHPLACE	Indiana.
OCCUPATION	Farming	OCCUPATION	Housewife-

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.20 P. M. on the date above stated.

(Signature) John L. Meyers M.D.

(Physician or midwife)

Address Caldwell- Idaho

Filed Aug. 14- 1920 John L. Meyers
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-X-1904-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

[redacted] OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

Registration District No. 3

Primary Registration District No. 1005

File No. 82460

Registered No. 194

FULL NAME OF CHILD Vernon Dale King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	yes	Aug 14th 1920

FATHER

FULL NAME Nathan G. King

RESIDENCE Caldwell Ida.

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Wis.

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Manda Horney

RESIDENCE Caldwell Ida.

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the above date at 3:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Avery

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 8-17-1920 John L. Mayer Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Notariz[illegible] full name of child Vernon Dale King, Aug. [illegible] 1920 - viewed by V.S.
Security Card, #519-10-3820, Feb. 14, 1939 gives full name as Vernon Dale King - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 82460

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed King (Name on Original Certificate) who born (Was Born or Died) on Aug. 14, 1920 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family records and personal knowledge. I am his mother. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vernon Dale King

Subscribed and sworn to before me this 8th day of April, 19 60

Notary Public, residing at Caldwell, Idaho
My commission expires July 26 1962
(Seal)

Signed Mrs. Myrtle Pearl King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2219 College Avenue Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 19 60.

Notary Public, residing at Caldwell, Idaho
My commission expires July 26 1962
(Seal)

Signed Mrs. Myrtle Sellers
(Signature of Any Credible Person)

2301 College Ave. Caldwell, Ida
(Street Address, City, State)

FORM DPH 55.155 L 3-29-60. one copy pd. receipt #21491.

APR 1 3 1960

915-215-014-764

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1219 Everett St.

Hospital —

Registration District No. 3 File No. 82461

Primary Registration District No. 1005 Registered No. 195

FULL NAME OF CHILD — Marjorie M. Randolph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 15 1920

FATHER		MOTHER	
FULL NAME	G. W. Randolph	FULL MAIDEN NAME	Hazel Tomlinson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska —
OCCUPATION	Blacksmith	OCCUPATION	Housewife —

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) J. M. Cole

M. D.
(Physician or midwife)

Address —

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 —

Registrar

Filed 8-17-1920 John L. Meyers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RELEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 12 2 16 PM '78

State of IDAHO
County of WASHINGTON } ss.

Certificate No. 82461

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for no name (Name on Original Certificate) who was born (Was Born or Died) on Aug. 15, 1920 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Marjorie M. Randolph

Subscribed and sworn to before me this 6 day of February, 19 78.
Notary Public, residing at Caldwell
My commission expires 5-15-78
(Seal)

Signed Helen L. Sproul
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of WASHINGTON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of February, 19 78.
Notary Public, residing at Caldwell
My commission expires 5-15-78
(Seal)

Signed Richard H Linder
(Signature of Any Credible Person)

925 West Weiser Idaho 83672
(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate on file with Bureau of Vital Statistics gives name as Marjorie Merel Randolph as mother of Richard Brent Linder, child born December 23, 1946, in Boise, Idaho, state file # 429188.
Viewed by V.S.

Family record gives name as Marjorie Merel Randolph age 29 when record was recorded October 1949.
Viewed by V.S.

369-115-014-666

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 82462

No. ..... St.

Hospital Mynatt Primary Registration District No. 2005 Registered No. 196

FULL NAME OF CHILD SAMUEL EVERETT Corn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	1	yes	8 - 15 - 1924

FATHER	MOTHER
FULL NAME Everett A. Corn	FULL MAIDEN NAME Joy R. Foot
RESIDENCE Middleton, Ida.	RESIDENCE Middleton
COLOR w	COLOR w
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Pleasant Hope - Mo.	BIRTHPLACE Middleton, Ida
OCCUPATION Auto Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:45 A.M. on the date above stated.

(Signature) J. M. Lee M D

(Physician or midwife) Caldwell Ida

Address

Filed 8-23-1920 John L. Imeyer. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 82462
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Everett Corn (Name on original certificate) who born (Was born or died) on Aug. 15, 1920 (Date of event)
in Caldwell, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Records (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Everett Corn	Samuel Everett Corn

Subscribed and sworn to before me this 10th
day of December, 19 41
Marion E. Doe
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed E E Corn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUN 29 1972

669-116-014-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Steenlund

Registration District No. 3 File No. 82463

Primary Registration District No. 1005 Registered No. 197

FULL NAME OF CHILD Herman Work

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	S		5	yes	Aug (Month) 16 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph B Work	FULL MAIDEN NAME	Gusia Larson
RESIDENCE	Iowa	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Neb.	BIRTHPLACE	Norway
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Caldwell Ida

Filed 8-18- 1920 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Nov. 7, 1940 L.B.

JAN 20 1942

319-117-01X-381

Form V. S. No. 11-C—25m-7-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

No. Route II St.

Hospital Home

Registration District No. 3 File No. 82464

Primary Registration District No. 2005 Registered No. 198

FULL NAME OF CHILD Carney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore Carney	FULL MAIDEN NAME	Lulu Charlton
RESIDENCE	Huston R II	RESIDENCE	Huston R II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	~~Farm~~ Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Bauer

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Box 17, Wilder, Idaho

Filed 8-20- 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-261541

CARNEY

917-227-014-995

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1702 Arthur St.

Hospital yes

Registration District No. 3 File No. 82465

Primary Registration District No. 1005 Registered No. 199

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes.	8 27 1920

FATHER		MOTHER	
FULL NAME	B. G. Ragsdale	FULL MAIDEN NAME	Merle Riehle
RESIDENCE	Caldwell 1702 Arthur	RESIDENCE	Caldwell 1702 Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Cole

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 8-28- 1920 John V. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-227-014-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R.F.D. # 3 St.

Registration District No. 3 File No. 82466

Primary Registration District No. 2005 Registered No. 200

Hospital

FULL NAME OF CHILD Ethel Lenora

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	8	27	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. P. Baird	Fannie G. Smith
RESIDENCE	Caldwell — # 3 —	Caldwell # 3
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Idaho	Colorado.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Sept. 2- 1920 John L. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-2291014-239

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. — Elgin St.

Hospital —

Registration District No. 5 File No. 82467

Primary Registration District No. 1005 Registered No. 201

FULL NAME OF CHILD Jessie Trent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	Aug. (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred W. Myers	FULL MAIDEN NAME	Caroline Stitzel
RESIDENCE	Caldwell.	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 9-1- 1920

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-34645

2 last name

666-22901 4-967

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 82468

No. ..... St.

Primary Registration District No. 1005 Registered No. 202

Hospital .....

FULL NAME OF CHILD Hazel May Wooley

Sex of Child Girl | Twin Triplet or other? 1 (To be answered only in event of plural births) | and | Number in order of birth 1 | Legitimate? yes | Date of Birth Aug (Month) 29 (Day) 1920 (Year)

FATHER

FULL NAME Clyde A Wooley

RESIDENCE Caldwell Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Burns Oregon

OCCUPATION Machanic

MOTHER

FULL MAIDEN NAME Lucile Rogers

RESIDENCE Caldwell Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE ~~Ida~~ Louisburg Tenn.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5. A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Dr R E Shaden

(Physician or midwife)

Address Caldwell Idaho

Filed Sept 2 - 1920 John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANE

N. B.—In case of more than one child at birth a SEPARATE RETURN must be and the number of each, in order of birth stated.

MAY 1 0 1943

MAR [redacted] 1943

[redacted]/4/41 L. B.

263-230-014-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

No. Rural-1 St.

Hospital no

Registration District No. 3 File No. 82469

Primary Registration District No. 2005 Registered No. 253

FULL NAME OF CHILD Beth Hogle Botts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alton R. Botts	FULL MAIDEN NAME	Maude B. Main
RESIDENCE	Huston - Idaho	RESIDENCE	Huston - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell - Idaho

Filed 8-30-1920 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1960

569-231-014-194

Child's name added 8-8-86 lh

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 82470

No. ____ St.

Primary Registration District No. 2005 Registered No. 204

Hospital ____

FULL NAME OF CHILD Beth Northrop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	8 31 1920

FATHER		MOTHER	
FULL NAME	Raymond D. Northrop.	FULL MAIDEN NAME	Mary Isabel Armstrong
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Canada
OCCUPATION	Rancher.	OCCUPATION	Housewife -

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:05 P.M. on the date above stated.

(Signature) S. B. Dudley M.D.

(Physician or midwife)

Address ____

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

Filed 9-1- 1920

John L. Meyers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GENERAL ACKNOWLEDGMENT

NO. 201

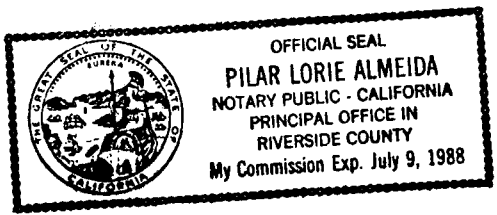
State of CALIFORNIA
County of RIVERSIDE
} ss.

On this the 12 day of JULY 1986, before me,

PILAR LORIE ALMEIDA,

the undersigned Notary Public, personally appeared

GORDON J. NORTHROP,



☐ personally known to me

X☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) IS subscribed to the within instrument, and acknowledged that HE executed it.

WITNESS my hand and official seal.

Pilar Lorie' Almeida

Notary's Signature

NATIONAL NOTARY ASSOCIATION • 23012 Ventura Blvd. • P.O. Box 4625 • Woodland Hills, CA 91364

6/12/86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

RECEIVED
JUL 16 1986
Bureau of Vital Statistics, Standards and Local Health Services

State of CALIFORNIA
County of RIVERSIDE } ss.

Certificate No. 82470
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Female (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 31, 1920 (Date of Event)

in Wilder, Canyon Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Beth Northrop

Subscribed and sworn to before me this 12TH day of JULY, 19 86

Notary Public, Pilar Laura Almeida

Residing at RIVERSIDE COUNTY

My commission expires JULY 9, 1988

(Seal)

Gardner J. Northrop
Signature of Applicant

3104 Lynn Grove Dr
Street Address, City, State
Manhattan Beach Ca - 90266 4125

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

AUG 11 1986

Certificate of Marriage dated Sept. 4, 1937 - State of California, Co. of Los Angeles gives name of bride as Beth Northrop and groom as Earl Milton Breiner. Vewed by V.S. Lyman H. Coker-Minister.

California Driver License issued 7-11-77 gives name as Beth Bowman born Aug. 31, 1920.
Viewed by V.S.

389-203-016-366

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 82471

No. Linden & Imaffe St.; — Primary Registration District No. 1005 — Registered No. 205

Hospital no.

FULL NAME OF CHILD STELLA MINNIE THRUSTON

Sex of Child Female — Twin, Triplet or other? (To be answered only in event of plural births) — and Number in order of birth — Legitimate? Yes — Date of Birth Sept. 3 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME George W. Thruston	FULL MAIDEN NAME Eva M. Coffin
RESIDENCE Caldwell - Idaho.	RESIDENCE Caldwell - Idaho.
COLOR White. AGE AT LAST BIRTHDAY 30 (Years)	COLOR White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Missouri.	BIRTHPLACE South Dakota.
OCCUPATION Farming.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 9.30 a. M. on the date above stated.

(Signature) John S. Meyers M.D.

(Physician or midwife)

Address Caldwell - Idaho

Filed Sept. 3 - 1920 John S. Meyers Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/18/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 82471
Date Filed 9/3/20

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Thruston (Name on original certificate) who was born (Was born ~~or died~~) on Sept. 3, 1920 (Date of event)
in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Father (Bible record, insurance policy, etc.) prepared on June 18, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Stella Minnie Thruston

Subscribed and sworn to before me this 18th
day of June, 1941

Agnes Pippin
Notary Public residing at Parma Ida.
My commission expires May 8, 1945
[SEAL]

Signed George W. Thruston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

715-206-014-386

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

Primary Registration District No. 2007

File No. 82472

Registered No. 58

FULL NAME OF CHILD Marjorie Gill Gauss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	2	Yes	Aug 6 1920

	FATHER	MOTHER
FULL NAME	Paul H. Gauss	Ruby Thomlinson
RESIDENCE	Parma	Parma
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Mo.	Kan
OCCUPATION	Minister	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 9a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Address Parma Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Aug 15 1920 Ruby Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1943

JUL 2 7 1973

864-102-C14-449

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.D. Registration District No. 3 File No. 82473

No. ..... St. Primary Registration District No. 2007 Registered No. 59

Hospital .....

FULL NAME OF CHILD Robert Baker Young

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		4	Yes	Aug 2 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. Hendron Young	FULL MAIDEN NAME	Marian Murray
RESIDENCE	Parma R.D.	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kentucky	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma Ida

Filed Aug 13 1920 Lulu Waldrop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1966

7 1945

FEB 23 1943

869-207-01X-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 82474

No. ..... St.

Primary Registration District No. 2007

Registered No. 60

Hospital .....

FULL NAME OF CHILD Mary Alice Horn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		1	Yes	Aug 7 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray L. Horn	FULL MAIDEN NAME	Mary Jane Hill
RESIDENCE	Parma	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sep 10 1920 Lulu Waldrop
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...IN RESERVED FOR BINDING

MAR 2 0 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-206-01X319

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 82475

Primary Registration District No. 1007 Registered No. 61

FULL NAME OF CHILD Helen L. Cooke

Sex of Child: Female

Twin, Triplet or other? X and Number in order of birth 4th
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Aug 6 (Month) (Day) 1900 (Year)

FATHER	MOTHER
FULL NAME: Joseph M. Cooke	FULL MAIDEN NAME: Jennie L. Carrico
RESIDENCE: Parma	RESIDENCE: Parma
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Ark.
OCCUPATION: Mechanic	OCCUPATION: House wife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 15 1900 Lulu Idaho Registrar

JAN 07 2011

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82475

Date Filed Aug 15, 1920

RECEIVED
OCT 8 1971
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Cooke (Name on Original Certificate) who was born (Was Born or Died) on Aug. 6, 1920 (Date of Event) in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Helen Loraine Cooke or Helen Cooke

Subscribed and sworn to before me this 25th day of September, 1971

Jerry M Winkle
Notary Public, residing at Seattle, Wash
My commission expires 9-23-74
(Seal)

Signed Edna M. Arthur
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7152 S.W. 35th Portland, Oreg.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of September, 1971

Jerry M Winkle
Notary Public, residing at Seattle, Wash
My commission expires 9-23-74
(Seal)

Signed Marian Fay Finnie
(Signature of Any Credible Person)

3434 SW Nevada Ct - Portland, Oreg
(Street Address, City, State)

FORM DH 60-155 CL 11/13/70 nm

Letter from Central School District 13J Independence Elementary School, Independence, Oregon gives name as Helen Cooke. Attended scholl Sept. 1926 to June 1927. Listed as being 6 yrs. old. Birthdate given as Aug. 6, 1920. Viewed by V. S.

OCT 14 1971

Independence High School Diploma gives name as Helen Lorraine Cooke, dated May 31, 1938. Viewed by V. S.

292-115-01K-613

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa RD Registration District No. 7 File No. 82476

No. ..... St.

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Elmer Delavie Bishop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			yes	Aug	15	1920

FATHER

FULL NAME: Elmer E. Bishop

RESIDENCE: Deer Flat Nampa Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Gladys J. Watson

RESIDENCE: Deer Flat Nampa, Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Live, at 6:40 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed Sept. 10 1920 Pearle Dodds

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 29 1949

613 221 014-125
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. ..... St.
Hospital .....

Registration District No. 7 File No. 82477
Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD June Juletta Wald ~~Walet~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			yes	aug 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank A. Wald	Sylva Abel
RESIDENCE	1st St & 20th Ave S.	1st St & 20th ave S.
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	25 (Years)
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Mechanic	~~Mechanic~~ Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, on the date above stated. 9:15 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar.

Address .....

Filed Sept. 10 1920 Pearle Dodds
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED AUG 7 1967 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Jackson }

Certificate No. 82477

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Wald (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1920 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License & Diploma (Bible Record, Insurance Policy, Etc.) prepared on June 7 1937 & May 26 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	June Juletta Wald

Subscribed and sworn to before me this 1st day of August, 1967

Notary Public, residing at Central Point Ore
My commission expires 7-29-1971
(Seal)

Signed Frances R. A. Wald
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

424 Hazel St. Central Point Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of JACKSON }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 1967

Notary Public, residing at Central Point Ore
My commission expires 7-29-1971
(Seal)

Signed Ellen Adams
(Signature of Any Credible Person)

2871 Beall Lane Central Point Ore
(Street Address, City, State)

FORM DH 60-155 CL 2-8-63. one copy pd. rec. #00388.

Central Point High School Diploma, Central Point, Oregon, May 26, 1939 gives full name as June Wald - viewed by V.S.

OCT 2 1967

Marriage License and Certificate, State of California, County of Siskigou, married June 7, 1939 at Ureka, California gives full name of groom as Raymond Herbert Mann and full name of bride as June Juletta Wald - viewed by V.S.

355-22 Y 1014-292

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 82478

No. ..... St.

Primary Registration District No. 2004 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edith Aldona Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				yes	Aug 24 1920

FATHER	MOTHER
FULL NAME: Albert Lee	FULL MAIDEN NAME: Ola Bishop
RESIDENCE: Deer Flat, Nampa	RESIDENCE: Deer Flat, Nampa, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:45 A.M. on the date above stated.

(Signature) Geo. R. Proctor M.D.

(Physician or midwife)

Address .....

Filed Sept. 10 1920 Pearle Dudde Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 3 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11 13 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU VITAL STATISTICS NOV 13 3 51 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 82478

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lee (Name on Original Certificate) who was born (Was Born or Died) on Aug. 24, 1920 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Edith Aldona Lee

Subscribed and sworn to before me this 13 day of November 19 73
(Sue Nora Lowe)
Notary Public, residing at Boise Idaho
My commission expires Sept. 18, 1977
(Seal)

Signed Mrs. Luther C. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

127 Box 7187 Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage License State of Idaho Canyon County dated June 1, 1941 NOV 12 1973
William A. Schwartz and Edith Lee.
Viewed by VS

Susan Lee Schwartz born July 26, 1951 at Nampa, Idaho State File No. 51-8464
mother Edith Aldona Lee , father William Alva Schwartz.
Viewed by VS

282-226:01K-658

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Houston

No. R R 1 St.

Registration District No. 7 File No. 82479

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Eula Fay Sykes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				yes	Aug 26 1920

FATHER	MOTHER
FULL NAME: Horace A Sykes	FULL MAIDEN NAME: Sylvia Irene Weygandt
RESIDENCE: Houston, Ida. R 1	RESIDENCE: Houston, Ida. R 1
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

(Signature) Geo. R. Proctor M.D.

(Physician or midwife)

Address

Filed Sept 10 1920 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

OCT 11 1960

843-216-014-595

PLACE OF BIRTH

Form V. S. No. 71—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 82480

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD DOROTHY HARRIET Hutsell

Sex of Child Female | Twin Triplet or other? | Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug 16 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Fred A Hutsell	FULL MAIDEN NAME Oliva Nielson
RESIDENCE 514-16th Ave S Nampa	RESIDENCE 514-16 Ave S Nampa
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Tennessee	BIRTHPLACE Utah
OCCUPATION Rail Road Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed Sept. 10 1920 Pearle Dodds

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1949

NOV 23 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Riverside

Certificate No. 82480

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who born (Was Born or Died) on August 16, 1920 (Date of Event)
in Nampa, Canyon Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Harriet Hutsell

Subscribed and sworn to before me this sixth day of November, 1942

Signed Fred A. Hutsell Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Beaumont, Calif.

My commission expires August 29, 1943
(Seal)

692 East Sixth Street
Beaumont, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of November, 1942

Signed Blanche H. Weeks
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at 9032 Glenoaks Blvd., Sunland, Calif.

My commission expires 4/4/46
(Seal)

R.R#1, Caldwell, Idaho
(Street Address, City, State)

NOV 27 1942

65/130 or 4-458

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 523-15 Ave N. St.

Hospital

Registration District No. 7 File No. 82481

Primary Registration District No. 1066 Registered No.

FULL NAME OF CHILD CHARLES GLENN Weaver

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 30 1920

FATHER	MOTHER
FULL NAME Charley Blake Weaver	FULL MAIDEN NAME Leona Grace Meyers
RESIDENCE 523-15th Ave N.	RESIDENCE 523-15th Ave N.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Iowa
OCCUPATION Baggageman	OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

(Signature) Geo R. Proctor M.D.

(Physician or midwife)

Address

Filed Sept. 16 1920 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-12-130-014-331

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 82482

Primary Registration District No. 1886 Registered No. _____

FULL NAME OF CHILD Ruse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8 10 1920

FATHER		MOTHER	
FULL NAME	L. A. Ruse	FULL MAIDEN NAME	Stella Clark
RESIDENCE	Nampa.	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Breakman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8, 9 A. M. on the date above stated.

(Signature) F. B. Smith

Physician (Physician or midwife)

Address _____

Filed Sept 13 1920 Pearle Dodds Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-106.04-195

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Near Nampa Registration District No. 7 File No. 82483

No. Route 4 St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD LLOYD E. Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	8 - 6 1920

FATHER	MOTHER
FULL NAME L. M. Watson	FULL MAIDEN NAME Dorothy Arnold
RESIDENCE Near Nampa Route 4	RESIDENCE Near Nampa Route 4
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:40 A. M. on the date above stated.

(Signature) J. B. Smith

Physician

(Physician or midwife)

Address

Filed Sept. 16 1920 Pearle Dodds

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

8-Y-CO 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate 82483 82483
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lloyd E Watson (Name on original certificate) who was born (Was born or died) on Aug. 6, 1920 (Date of event)
in Canyon County, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Lloyd E. Watson

Subscribed and sworn to before me this 25th
day of September, 1941
Lois Wilson
Notary Public, residing at Caldwell, Ida
My commission expires Sept 28, 1944
[SEAL]

Signed L M Watson (Parent)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R 1 Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of September, 1941
Lois Wilson
Notary Public, residing at Caldwell Ida
My commission expires Sept 28, 1944
[SEAL]

Signed Dorothy A. Watson (Parent)
(Signature of any credible person other than the previous affiant.)
R 1 Caldwell Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MAR 3 1 1970

364-126-014-893

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 82484

Primary Registration District No. 1006 Registered No.

Full Name of Child Delbert Curtis Combs.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	—	—	yes	Aug 26 1920

FATHER

FULL NAME Charley Combs

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Texas

OCCUPATION Carman

MOTHER

FULL MAIDEN NAME Minnie Hickman

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Texas

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

....19....

Registrar

Filed Sept 15 1920 Pearle Dodd

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-21-014-459

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 812 10th Ave. S St.

Hospital Mary

City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 82485

Primary Registration District No. 1006 Registered No.

Full Name of Child Louise Sellman

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	×	×	Yes	July 11 1920

FATHER		MOTHER	
FULL NAME	Charles W Sellman	FULL MAIDEN NAME	Alice Merrill
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M D

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

....., 19....

Registrar

Filed Sept. 10 1920 Pearle Dodds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 25 9 47 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 82485

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Louise Sellman (Name on Original Certificate) who was born (Was Born or Died) on July 11, 1920 (Date of Event)

in Nampa, Idaho (Canyon) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by babitism record (Bible Record, Insurance Policy, Etc.) prepared on March 19, 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Louise Sellman	Mary Louise Sellman

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.

County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of May, 1977

G J Blessing

Notary Public, residing at Salt Lake City UTAH

My commission expires 8-8-80

(Seal)

Signed [signature]

(Signature of Any Credible Person)

1425 So Mark Road St.

(Street Address, City, State)

Salt Lake City, Ut. 84119

FORM DH 60-155

CL 5/18/77 1cc pd.

Recommend fro Baptism and Confirmation from the R LDS Church gives name as Mary Louise (Sellma) Wymore born Nov 7, 1920 at Nampa, Idaho. father's name as Charles Weaver Sellman and mother's name as Alice Merrill. dated Mar 22, 1972. viewed by V. S.

JUL 7 1977

Certif of Blessing from the LDS Ch8rch gives name as Carol Louise Painter daughter of Robert Verl Painter and Mary Louise Sellman. born June 30, 1942 at Tooele, Utah. Blessed Sept 6 1942. viewed by V. S.

515-116-014-219

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R.R. No 4 St.

Hospital

Country

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 82486

Primary Registration District No. 2006 Registered No.

Full Name of Child Charles Dewey Vanderkolk

SEX OF CHILD Boy	Twin Triplet or other? x and Number in order of birth x (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dewey Vanderkolk	FULL MAIDEN NAME	Minnie Sassaman
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Nampa Idaho

Filed Sept. 1920 Pearle Dodds Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RECORD must be made for each and of each, in order of birth rec'd.

234-122-014-365

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 1113 42 St. N. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 82487

Primary Registration District No. 1006 Registered No.

Full Name of Child Irvin Roy Sturgeon

SEX OF CHILD	Boy	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth x	Legitimate?	yes
DATE OF BIRTH	Aug 22 (Month) (Day)	19 20 (Year)			

FATHER		MOTHER	
FULL NAME	R. N. Sturgeon	FULL MAIDEN NAME	Delpha Conner
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Sept. 19 20 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-121-014-349
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. 609-19 2nd Ave. So.
Hospital —

Registration District No. 7 File No. 82488
Primary Registration District No. 1086 Registered No.

FULL NAME OF CHILD Richard Turner Glasgow

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—			yes	8-21-1920

FATHER		MOTHER	
FULL NAME	J. Russell Glasgow	FULL MAIDEN NAME	Luella Turner.
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Texas.	COLOR	White
OCCUPATION	Barber.	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Ind.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar.

(Signature) Leo W Chilton M.D.

(Physician or ~~midwife~~)

Address Nampa Idaho

Filed Sept. 10 1920 Pearle Dodds
Registrar.

793-120-014-384

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Midway R#1 St.

Registration District No. 7 File No. 82489

Primary Registration District No. 2006 Registered No.

Hospital —

FULL NAME OF CHILD Duane Thurman Pilcher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	Aug 20 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt N. Pilcher	FULL MAIDEN NAME	Gladys Thurman
RESIDENCE	Midway R#1 Nampa	RESIDENCE	Midway R1 Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa Ida

Filed Sept. 10 1920 Pearle Dodds

Registrar.

443-116.014-212

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 121-9th Ave No.

Registration District No. 7 File No. 82490

Primary Registration District No. 386 Registered No.

Hospital —

FULL NAME OF CHILD Wm James Mullins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	—	—	yes	8	16	1920

FATHER

FULL NAME: Geo A. Mullins

RESIDENCE: Nampa Ida

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Va.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Clara M. Baker

RESIDENCE: Nampa Ida

COLOR: White AGE AT LAST BIRTHDAY: 17 (Years)

BIRTHPLACE: Mont.

OCCUPATION: Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leon X Chilton
(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report. 19

Registrar.

Filed Sept. 10 1920 Pearle Dodds
Registrar.

814-103-014-692

[redacted]

Form ~~V.S.~~ No. 11-C—25m-9-8-17

PLACE ~~OF BIRTH~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of R. 5 Nampa

No. ..... St.

Registration District No. 7

File No. 82491

Primary Registration District No. 2006

Registered No. .....

Hospital .....

FULL NAME OF CHILD George Glenn Hauser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	+		+	Yes	Sept. 3rd 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. J. Hauser	FULL MAIDEN NAME	Grace Viola Fike
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Missouri
OCCUPATION	Ranchman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. A. Kellogg

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Idaho

Filed Sept 1920 Pearle Dodds

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 8241
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for George Glen Houser (Name on original certificate) who was born (Was born or died) on September 3 1920 (Date of event)
in Nampa Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	George Glen Houser HOUSER	George Glen Hauser
Mother's maiden name	none given	Grace Viola Hauser Mrs Grace Viola Hauser

Subscribed and sworn to before me this 9 day of July, 1946

Notary Public, residing at Compton Calif.

My commission expires Jan 11, 19[illegible]

[SEAL]

Signed Mrs. Grace V. Hauser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Now at 212 San Jose Compton Calif.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July, 1946

W. M. Hawley

Notary Public, residing at Nampa

My commission expires JUNE 26, 1948.

[SEAL]

Signed Pearl E. Taylor
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

235-2[illegible]-01[illegible]-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

Registration District No. 7 File No. 82492

No. ____ St.

Primary Registration District No. 2004 Registered No. ____

Hospital ____

FULL NAME OF CHILD Vertilla Vivian Stevenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	8 - 28 - 1920

FATHER	MOTHER
FULL NAME: Luther Merle Stevenson	FULL MAIDEN NAME: Clara Wills
RESIDENCE: Melba, Id. - 3 mi. N. West	RESIDENCE: Melba, Id. - 3 mi N. West
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne M. D.,
(Physician or midwife)

Address ____

Given names added from a supplemental report.

Vertilla Vivian Stevenson 19__

W. C. Murphy State Registrar

Filed Sept. 18 1920 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1954

FORM V. S. NO. 27B. 3M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Melba, Ida, 3 mi. N. West

Street and House No.

County Canyon

Registered No.

Registration Dist. No.

Sex of Child Female

Date of Birth 6 - 28 - '20 191
MONTH DAY YEAR

Father Luther Merle Stevenson
FULL NAME

Mother Clara Mary Willis
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Vertilla Vivian Stevenson
GIVEN NAME IN FULL SURNAME

as reported by Mrs. Luther Stevenson
FATHER OR MOTHER

LOCAL REGISTRAR

SEP 2 1954

619-223-018-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba — Registration District No. 7 — File No. 82493

No. ____ St. ____

Hospital ____ — Primary Registration District No. 2006 — Registered No. ____

FULL NAME OF CHILD Nellie Fay Warren

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female				Yes	8	23	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hill Henry Warren	Charley Broadshaw
RESIDENCE	Melba, Id. — 2 mi S.	Melba, Id. — 2 mi S.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	19
BIRTHPLACE	North Carolina	North Carolina
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne M.D.

(Physician or midwife)

Address Melba, Id

Given names added from a supplemental report.

____ 19____

Registrar

Filed Aug 31 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1942

231-114-014-381

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No. ..... St.

Hospital .....

Registration District No. 7 File No. 82494

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Eugene Arthur Black

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 - 14 - 1920

FATHER		MOTHER	
FULL NAME	Charles Twiford Black	FULL MAIDEN NAME	Adelaide Chase
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Colorado	BIRTHPLACE	Maine
OCCUPATION	Mgr. Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Aug 31 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/16/41 L. B.

MAR 1 1965

318-211-01 4455

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba Registration District No. 7 File No. 82495

No. ..... St.

Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Betty Laural Taylor

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	8 11 1920

FATHER		MOTHER	
FULL NAME	James Lawrence Taylor	FULL MAIDEN NAME	Grace Helen Meeker
RESIDENCE	Melba, Id. Canyon Co.	RESIDENCE	Melba, Id, Canyon Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House Wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) Samuel A Swayne, M.D.,

(Physician or midwife)

Address Melba, Idaho

Filed Aug. 31 1920 Pearle Dodder
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5/12/41 L. B.

OCT 13 1942

235-208-914-239

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH.

County of Canyon

City of Nampa

No. 219-7th Ave So. St.

Hospital —

Registration District No. 7 File No. 82496

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Florence ~~May~~ Stewart

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Sep 8 1920

	FATHER	MOTHER
FULL NAME	J. A. Stewart	FULL MAIDEN NAME May Stickler
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Oregon	Mont.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton

(Physician or ~~midwife~~)

Address Nampa Ida

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Sept. 11 1920 Pearle Dodds
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82496

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Florence May Stewart

Subscribed and sworn to before me this 25
day of ....., 19 46

Notary Public, residing at Boise

My commission expires 1/16/47
(Seal)

Signed P. A. Stewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed May Stewart
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JAN 26 1944

433-209-014-964

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 1317 7th St. S. St.

Hospital

City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 82497

Primary Registration District No. 1006 Registered No.

Full Name of Child Edna Mae McCain

SEX OF CHILD: Girl	Twin, Triplet or other? x (To be answered only in event of plural births) and Number in order of birth x	Legitimate? Yes	DATE OF BIRTH: July 9 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: L. C. McCain	FULL MAIDEN NAME: E. M. Ramsey
RESIDENCE: Nampa Idaho	RESIDENCE: Nampa Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Auto Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10½ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Murray M D

(Physician or midwife)

Address Nampa Idaho

Filed Sept 18 1920 Pearle Dodds

Registrar

Given names added from a supplemental report

..... 19....

.....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1943

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

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Number of ch

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595.122.014 446

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 82498

No. ..... St.

Primary Registration District No. 1006 Registered No. .....

Hospital Mercey

FULL NAME OF CHILD John Duffer Vincent

Sex of Child male	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard Moorehead Vincent	FULL MAIDEN NAME	Eva Maude Duffer
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	white AGE AT LAST BIRTHDAY 27 (Years)	COLOR	white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Boise Ida
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Rice M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Sept 10 1920 Pearle Dodds

Registrar Registrar

5-T-CD 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1943

766-126-014-253

PLACE OF BIRTH

Form V. S. No. 11-C—Sim-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Mercy

Registration District No. 7

Primary Registration District No. 1006

File No. 82499

Registered No. .....

FULL NAME OF CHILD Elvis Lionel Goodwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	5 - 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lionel C. Goodwin	FULL MAIDEN NAME	Glenna Irene Kelley
RESIDENCE	Vincent, Oregon.	RESIDENCE	Vincent, Oregon.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Soda Springs, Idaho	BIRTHPLACE	Findlay Ohio
OCCUPATION	Locomotive enginman	OCCUPATION	Housewife.

Number of child of this mother including present birth 2 .... Number of children of this mother now living, including present birth 2 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Kellogg.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Sept 10 1920 Pearle Dodd Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-120-015-635

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs

Registration District No. 11 File No. 82500

No. ____ St.

Primary Registration District No. 2048 Registered No. 82

Hospital Fryer Hospital

Full Name of Child Eugene Ellis Smith

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	—	—	yes	Sept. 20, 20

	FATHER	MOTHER
FULL NAME	Earl Edward Smith	FULL MAIDEN NAME Eva Pearl Olenslager.
RESIDENCE	Rupert, Idaho	Rupert, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Mo.	Mich
OCCUPATION	Laborer	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 2:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Hackley

(Physician or ~~midwife~~)

Address Soda Springs, Idaho

Given names added from a supplemental report.

____ 19____

Ellis Hackley (Registrar)

Filed Sept 30, 19 20 Ellis Hackley (Registrar)

857-205016-813

PLACE OF BIRTH

Form V. S. [illegible] 5m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley.

Registration District No. 117 File No. 82501

No. ..... St.

Primary Registration District No. 2196 Registered No. 1673

Hospital Bellevue Hospital.

FULL NAME OF CHILD Mary ~~Haessler~~. Mary Jane Heassler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female.	---		---	Yes.	Auug. (Month) 5 (Day) 1920. (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest F. ~~Haessler~~. Heassler	FULL MAIDEN NAME	Alice Mary Hale.
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	36. (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE	Albion, Idaho.
OCCUPATION	Contractor.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12/30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Barta

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Burley, Idaho.

Filed 8-12 1920 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 194

364-102-016-993

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

FULL NAME OF CHILD No Name

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 82502

Primary Registration District No. 296 Registered No. 1674

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓		✓	yes	Sept 2 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. F. Louder	Drusilla Richardson
RESIDENCE	Burley - Idaho	Burley - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE	Bountiful	Camas, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 a. M. on the date above stated.

(Signature) Dr. R. J. Story
Per. P. F.
(Physician or midwife)

Address Burley, Ida

Filed 9-14-1920 Dr. J. C. Patterson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-114-016-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. r St.

Hospital r

FULL NAME OF CHILD William R. Jones

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 82503

Primary Registration District No. 2196 Registered No. 1678

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		yes	Sept. 14 1920

FATHER		MOTHER	
FULL NAME	Percy L. Jones	FULL MAIDEN NAME	Larina Johnson
RESIDENCE	Burley - Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Provo - Utah	BIRTHPLACE	Provo, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D. Per. P. F.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley, Ida.

Filed 9-17-1920 Dr. J. C. P. Nurse Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. [illegible]
Date Filed AUG 8

The undersigned does solemnly swear that certain facts on the certificate of William R. Jones (Birth or death)
for William J. Jones (Name on original certificate) who was born (Was born or died) on Sept. 14, 1920 (Date of event)
in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (Bible record, insurance policy, etc.) prepared on [illegible] (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name is William R. Jones	William J. Jones	

Subscribed and sworn to before me this 4th day of August, 19 41

[illegible]
Notary Public, residing at Burley, Idaho

My commission expires June 1, 1942.

[SEAL]

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Rt #4 Burley Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed Marie Martin
(Signature of any credible person other than the previous affiant)

Burley Ida Rt #4
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

419-105-016-912

Child's name added 7-28-89 MCM

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of ~~Burley~~ Declo

Registration District No. 117 File No. 82504

No. ..... St.

Primary Registration District No. 2196 Registered No. 1677

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ MELVIN BOYD DARRINGTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	Sept 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Darrington	FULL MAIDEN NAME	Marie Rasmussen
RESIDENCE	Declo - Idaho	RESIDENCE	Declo - Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Elba, Idaho	BIRTHPLACE	Elba, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M. D. Per. P. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [redacted]

Filed 9 - 14 - 1920 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Canada

7-19-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

RECEIVED
JUL 27 1989
VITAL STATISTICS UNIT

State of Utah
County of Utah } ss.

Certificate No. 82504
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Boy Darrington (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 5, 1920 (Date of Event)
in Declo (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Darrington	Melvin Boyd Darrington

Subscribed and sworn to before me this 25 day of July, 19 89.
Notary Public, Randy Brinley
Residing at 1900 N. Canyon Rd Provo Ut
My commission expires 9-12-92
(Seal)

NOTARY PUBLIC
Comm. Exp. 9-12-92
RANDY BRINLEY
1900 N. Canyon Rd
Provo, Utah
84604
STATE OF UTAH

X Melvin Boyd Darrington
Signature of Applicant
X 1480 Locust Lane Provo Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS Blessing Certificate shows Melvin Boyd Darrington born Sept 5, 1920 in Declo to John C Darrington & Marie Rasmussen and blessed Nov 7, 1920 by John C Darrington. Viewed by VS.

JUL 2 0

LDS baptism certificate shows Melvin Boyd Darrington born Sept 5, 1920 in Declo to John C Darrington & Marie Rasmussen and baptized June 1, 1929 by John C Darrington. Viewed by VS.

14441 5 1016-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 82505

Primary Registration District No. 2196 Registered No. 1676

FULL NAME OF CHILD ~~No name~~ Harold Judd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Judd	FULL MAIDEN NAME	Verveen Marrott
RESIDENCE	Burley Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tennessee	BIRTHPLACE	
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. T. Story Per. P. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed 9-14-1920 Dr. Jo. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1950

DECEASED

2661/1910/16-345

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley Registration District No. 117 File No. 82506

No. St.

Primary Registration District No. 2196 Registered No. 1673

Hospital

FULL NAME OF CHILD Willard Glen Bowen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m				Yes	Aug 19 1920

FATHER		MOTHER	
FULL NAME	Daniel Bowen	FULL MAIDEN NAME	Ida E. Fueller
RESIDENCE	Burley - Idaho	RESIDENCE	Burley - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Harriman - Utah	BIRTHPLACE	Paris - Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. J. Story
Per P. F.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

19

Registrar

Filed 9-14-1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 12 10 59 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82506

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bowen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 19, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Willard Glen Bowen

Subscribed and sworn to before me this 7TH day of June, 1974.

Notary Public, residing at Burley Idaho

My commission expires 15 April 1978

(Seal)

Signed L Roy E. Evans

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1401 Buxton ave Burley Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7TH day of June, 1974.

Notary Public, residing at Burley Idaho

My commission expires 15 April 1978

(Seal)

Signed Mary Evans

(Signature of Any Credible Person)

1401 Buxton ave Burley Ida

(Street Address, City, State)

FORM DH 60-155 CL 5/20/74

Certif. of Baptism and Confirmation from LDS Church gives name as Willard Glen Bowen son of Daniel Bowen and Ida Tueller. born Aug. 19, 1920 at Viero, Idaho. Was Baptized May 5, 1929. viewed by V. S.

JUN 17 1974

Certif. of Blessing from LDS Church gives name as [illegible]Willard Glen Bowen son of David Bowen and Ida E. Tueller. born Aug. 19, 1920 at Viero, Idaho. Was Blessed Oct. 3, 1920. viewed by V. S.

266-126-016-943

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 82507

Primary Registration District No. 2196

Registered No. 1666

FULL NAME OF CHILD ~~Bowers~~ Bowers ROBERT SHERMAN BOWERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Aug. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. H. Bowers	FULL MAIDEN NAME	Mary Rucker
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T H Cutler

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed 9-1-1920 Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO MAR 16

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Benton }

Certificate No. 82567

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Baby Bowers (Name on Original Certificate) who Born (Was Born or Died) on Aug 26th 1920 (Date of Event) in Sunday Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Sept 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Bowers	Robert Sherman Bowers
mother's maiden name	Mary Ricker	Mary Rucker

Subscribed and sworn to before me this 27th day of Feby, 1942

E. E. Johnson
Notary Public, residing at Kennewick

My commission expires Aug 3rd, 1945
(Seal)

Signed Mary Rucker Bowers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kennewick Wash Rt 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March 1942

C. Harry Paulson
Notary Public, residing at Portland, Oregon
NOTARY PUBLIC FOR OREGON
My commission expires My Commission Expires Dec. 14, 1942
(Seal)

Signed Mrs Earl Worrell
(Signature of Any Credible Person Other Than Previous Year)

4133 N.E. 6th Ave.
(Street Address, City, State)

MAR 19 1942

753-126 016-869

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 82508

Registered No. 1169

FULL NAME OF CHILD Baby Peck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	July 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Artie Le Roy Peck	FULL MAIDEN NAME	Ivy Hazen
RESIDENCE	Burley Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	carpenter	OCCUPATION	Hwf.

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. H. Cutler

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed 7-1-1920 Dr. J. C. Patterson
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

946206 1016-976

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2191

File No. 82509

Registered No. 1668

FULL NAME OF CHILD Baby Adela Idoeta ADELA IDOETA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Aug. (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Matias Idoeta	FULL MAIDEN NAME	Rafaella Igos
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Hotel Keeper	OCCUPATION	Hwf.

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. H. Cutler

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed 9-1-1920 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON }
County of MULTNOMAH } ss.

Certificate No. 82509

Date Filed Aug. 3, 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Adela Idoeta (Name on Original Certificate) who was born (Was Born or Died) on Aug. 6, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Adela Idoeta

Subscribed and sworn to before me this 3rd
day of AUGUST 1943
Esther W. Welch
Notary Public, residing at VANPORT CITY, ORE.
My commission expires 7-15-47
(Seal)

Signed Martin Idoeta
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6764-10505 N-Force
(Street Address, City, State) VANPORT CITY, ORE.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 3rd
day of AUGUST 1943
Esther W. Welch
Notary Public, residing at VANPORT CITY, ORE.
My commission expires 7-15-47
(Seal)

X Signed Mrs Alvin Thigpen
(Signature of Any Credible Person Other Than Previous Year)
6764-10505 N-Force VANPORT CITY, ORE.
(Street Address, City, State)

APR 8 1969

AUG 9 1943

144-211-2016-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 15-C—Rev. 6-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 82510

Primary Registration District No. 2196 Registered No. 1674

FULL NAME OF CHILD Celestonia Judd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	July 1 1917

FATHER	MOTHER
FULL NAME: Lucius K Judd	FULL MAIDEN NAME: Pearl Moore
RESIDENCE:	RESIDENCE:
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Arizona	BIRTHPLACE: Michigan
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. K. Cutler

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9—1—1917 Dr. J. C. Patterson Registrar

K

689-112-016-843

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

Registration District No. 117 File No. 82511

Primary Registration District No. 2196 Registered No. 1662

FULL NAME OF CHILD Baby Whittier Raymond Max Whittier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	July 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Whittier	FULL MAIDEN NAME	Opal Hulet
RESIDENCE	Declo Idaho	RESIDENCE	Declo Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. H. Cutler

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed 9-1-1920 Dr. J. C. Patterson

Registrar Registrar

JUN 5 1951

235-212-016-766

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH
Amended 5/15/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 82512

Primary Registration District No. 2196 Registered No. 1663

FULL NAME OF CHILD Deloris Sleight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	July 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. Orson Sleight	FULL MAIDEN NAME	Gussie Goochey
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	H.W.F.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:45 p.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. Hlatter

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed 9-1-1920 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-6-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

MAR 20 10 55 AM '81

Certificate No. 82512
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sleight (Name on Original Certificate) who was born (Was Born, Died, etc.) on 7-12-20 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Deloris Sleight

Subscribed and sworn to before me this 9th day of March, 1981.
Notary Public, Kathy W. Nelson
Residing at Orangeville
My commission expires 10-21-84
(Seal)

Deloris Sleight Nalder
Signature of Applicant
P.O. Box 234 Castle Dale, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Iron

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1981.
Notary Public, Jacqueline Bulloch
Residing at Cedar City, Ut
My commission expires 5/1/84
(Seal)

(Sleight)
Lamona Thomas
Supporting Signature
484 So 225 West Cedar City, Utah
Street Address, City, State

1 cc pd

Certificate of Baptism given name as Dellora Sleight
daughter of John Orson Sleight and Hannah Hockey, born
July 12, 1920, at Burley, Idaho Baptized May 5, 1928,
L D S Church
Issued by U.S.

MAY 15 1981

Family Record shows Dellora Sleight, born July 12, 1920,
in Burley, Idaho, to John Orson Sleight and Hannah Hockey.
Family Record issued May 1935.
Issued by U.S.

389-15-016-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 82513

Primary Registration District No. 2196 Registered No. 1165

FULL NAME OF CHILD Baby Christensen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	August 15 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Christensen	Mary J Nichols
RESIDENCE	Burley Idaho	Burley, Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Iowa	Utah
OCCUPATION	Farmer	Housf.

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. F. K. Cutler

(Physician or midwife)

Address Burley, Ida.

Filed 9-1-1920 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

152.219.016-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 17 File No. 82514

Primary Registration District No. 2191 Registered No. 166

Hospital .....

FULL NAME OF CHILD Baby Geraldine Naoma Ansell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Aug. 19 1917

FATHER	MOTHER
FULL NAME: L. A. Ansell	FULL MAIDEN NAME: Luceille G. Strange
RESIDENCE: Burley, Idaho	RESIDENCE: Burley Idaho
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 6th

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

(Signature) Dr. F. H. Cutler

(Physician or midwife)

Address Burley, Ida.

Filed 9—1—1917 Dr. J. C. Partlow

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 26 1953

713-131-016-363

PLACE OF BIRTH

Amended 8/30/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2116

File No. 82515

Registered No. 16

FULL NAME OF CHILD ..... Lewis T. Patterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	July 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. B. Patterson	Myra Folman
RESIDENCE	Burley, Idaho	Burley Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housf.

Number of child of this mother, including present birth 9 th. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ....., at 6:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. H. Cutler

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 7-1-1920

Dr. J. L. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 27 1979
Bureau of Vital Statistics

State of Missouri
County of Jackson } ss.

Certificate No. 82515
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Patterson (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 31, 1920 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Lewis T. Patterson

Subscribed and sworn to before me this 20th day of August 1979

Notary Public, Shirley D. Monroe

Residing at Grandview Mo.

My commission expires 2/24/83

(Seal)

Lewis T. Patterson
Signature of Applicant

10500 Paurice Lane Leawood, Kansas 66206
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Missouri
County of Jackson } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of August 1979

Notary Public, Shirley D. Monroe

Residing at Grandview Mo.

My commission expires 2/24/83

(Seal)

Jo Anne Richards
Supporting Signature

8108 E. 92 St. Kansas City, Mo.
Street Address, City, State

CL 8/15/79 (RUSH)

AUG 30 1979

Certif of Blessing from the LDS Church gives name as Lewis Tolman Patterson son of Alex B. Patterson and Almira Tolman. born July 31, 1920 at Viewe, Idaho. Blessed Sept 5, 1920. viewed by V. S.

Honorable Dischareg from the US Army gives nameas Lewis T. Patterson born July 31. 1920 at Burley, Idaho. dated Nov 11, 1945. viewed by V. S.

719-201-016-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

File No. 82516

Primary Registration District No. 2196

Registered No. 1667

FULL NAME OF CHILD Baby Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Aug 1 1920

FATHER		MOTHER	
FULL NAME	A. S. Parker	FULL MAIDEN NAME	Sarah J. Fowler
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. Hletler

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed 9-1-1920 Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1968

962-210-016-629

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 82517

Primary Registration District No. 2196 Registered No. 1673

FULL NAME OF CHILD ~~Baby~~ Ruth Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		Yes	July 10 1920

FATHER		MOTHER	
FULL NAME	Guy L. Roberts	FULL MAIDEN NAME	Maud O'Brien
RESIDENCE	Paul, Ida.	RESIDENCE	Paul, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wyo.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. H. Cutler

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Registrar

Filed 9-1-1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1948

295-217-016-364

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 82518

Primary Registration District No. 2196 Registered No. 1679

FULL NAME OF CHILD no name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Paul Bingham	FULL MAIDEN NAME	Maryett Louder
RESIDENCE	Declo, Idaho	RESIDENCE	Declo - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Franklin, Arizona	BIRTHPLACE	Star Valley, Wyoming
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. T. Story
Per. P. T.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bunley, Ida.

Filed 9 - 17 - 1920 Dr. J. E. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-104-816-719

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 82519

Primary Registration District No. 2196 Registered No. 16 B.

Hospital .....

FULL NAME OF CHILD Allred

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug. 4 1920

FATHER		MOTHER	
FULL NAME	B. O. Allred	FULL MAIDEN NAME	Ada Garner
RESIDENCE	Burley	RESIDENCE	Burley Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 A. M. on the date above stated.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed 8-12 1920 Dr. J. C. Patterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-105-016 693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 82520

Primary Registration District No. 2196 Registered No. 168

Hospital .....

FULL NAME OF CHILD Edward Williams Morgan

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug. 3, 1920

FATHER		MOTHER	
FULL NAME	Frank H. Morgan	FULL MAIDEN NAME	Zetha Williams
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed 8-12-20 19

Dr. J. C. Patterson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Division of
Vital Statistics.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

#3
R. M. Fouch, M. D.,
Special Agent,
Boise, Idaho.

RECEIVED
JUN 20 1927

,rs. Frank H. Morgan
Declo, Idaho

-150202
8 25 20.

Dear Madam:

Idaho is now in the United States birth registration area and it is essential that birth certificates be made complete in every particular in order that proper classification may be made. We therefore respectfully ask that you kindly give us the information opposite the items below which we have checked. These items are missing on the certificate of birth filed for your child. You need not fill in the items not checked.

As soon as we receive from you the information for which we have asked we will forward to you a certificate for your child.

Name Edward Williams Morgan

Who was born at Declo on June 5, 1920

SEP 21 1944

Dec 21 1944

12-15-44

155-205-016-745 name added 7-6-83 dl

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17 File No. 82521

Primary Registration District No. 2196 Registered No. 1682

FULL NAME OF CHILD Jensen, Sylvia

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug 3 1920

FATHER		MOTHER	
FULL NAME	Ike Jensen	FULL MAIDEN NAME	Elaine Prescott
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19.....

Registrar

Address Burley, Ida.

Filed 8-12-20 19.....

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-24-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 19 16 AM '82

State of _____ } ss.
County of _____ }

Certificate No. 82521
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 5, 1920 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Sylvia Jensen

Subscribed and sworn to before me this 29 day of October, 1982.

Notary Public, _____

Residing at 343 Ridge Ave

My commission expires January 27 1986

(Seal)

Florence Null
Signature of Applicant

#6 Thomas ave Vallejo Cal
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.
County of Solano }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of October 29, 1982.

Notary Public, _____

Residing at 343 Ridge Ave

My commission expires January 27 1986

(Seal)

OFFICIAL SEAL
HAROLD D. TERRELL
NOTARY PUBLIC - CALIFORNIA
SOLANO COUNTY
My Comm. Expires

Harold D Jensen
Supporting Signature

343 Ridge ave Vallejo Ca
Street Address, City, State

1 cc pd

Certificate of Baptism from LDS Church gives Sylvia Jensen daughter of Isaac Jensen and Clara Prescott born Aug 5, 1920 at Burley and was baptised Nov 4, 1928. Viewed by V.S.

JUL 6 1983

School Census Marshals Report from School District 30 County of Cassia for school year Sept 1934 lists student as Sylvia Jensen born Aug 5, 1920. Viewed by V.S.

445-186.016-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 82522

Primary Registration District No. 2196 Registered No. 1683

Hospital .....

FULL NAME OF CHILD Munson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Aug	6	1920

FATHER		MOTHER	
FULL NAME	Ray Munson	FULL MAIDEN NAME	Rena Monning
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Oklahoma
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Filed 8-12-20 19..... Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36-009-016-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 82523

No. ____ St.

Primary Registration District No. 2196 — Registered No. 1684

Hospital ____

FULL NAME OF CHILD Cooper

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Aug. 8 1920

FATHER		MOTHER	
FULL NAME	Oliver H. Cooper	FULL MAIDEN NAME	Ina Smith
RESIDENCE	Burley Ida	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	—	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report. ____ 19____

Filed 8-12-20 19____ Dr. J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763.212.016-352

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 82524

Primary Registration District No. 2196 Registered No. 1685

FULL NAME OF CHILD Gochnour, [illegible]

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			1	yes	Aug. 12, 1920

	FATHER	MOTHER
FULL NAME	J. B. Gochnour	Edna Cessna
RESIDENCE	Burley Ida.	Burley Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Penn.	Penn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed 8-16-20 19....

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386216.016-397

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 82525

No. ____ St.

Primary Registration District No. 2196 — Registered No. 1686

Hospital ____

FULL NAME OF CHILD BONNIE JEAN Thompson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Aug. 16 1920

FATHER

FULL NAME A. L. Thompson

RESIDENCE Burley Idaho

COLOR White — AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Indiana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Lipton

RESIDENCE Burley Idaho

COLOR White — AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kentucky

OCCUPATION Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Filed 8-20 19____

Dr. J. C. Patterson
Registrar

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 82525

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of .....
for Bonnie Jean Thompson (NAME ON ORIGINAL CERTIFICATE) who August (WAS BORN OR DIED) on 16 (DATE OF EVENT) — 1930 (BIRTH OR DEATH)
in Burley, Cassia Co. Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Bonnie Jean Thompson

Subscribed and sworn to before me this 26 day of January, 1943

Clyde Bowyer
Notary Public, residing at Pocatello Idaho
My commission expires March 13, 1945.
(SEAL)

Signed Mrs. W. J. Thompson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
218 S. Johnson
(STREET ADDRESS, CITY, STATE) Pocatello, Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1943

Clyde Bowyer
Notary Public, residing at Pocatello Idaho
My commission expires March 13, 1945.
(SEAL)

Signed Mrs. W. J. Thompson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
434 N. Buchanan
(STREET ADDRESS, CITY, STATE)
Pocatello Idaho

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 1 1943

JAN 1 1 1944

159-214-616-791

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17

File No. 82526

Primary Registration District No. 2196

Registered No. 1687

FULL NAME OF CHILD Baby Murrell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug. 14 1920

FATHER		MOTHER	
FULL NAME	Isaac Murrell	FULL MAIDEN NAME	Carrie Gray
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 P. M. on the date above stated.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Filed 8-20 1920 Dr. J. C. Patterson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-117-016-665

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 82527

No. ..... St.

Primary Registration District No. 2196 Registered No. 1689

Hospital .....

FULL NAME OF CHILD Harold Joseph Stoddard

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug. 17 1920

FATHER	MOTHER
FULL NAME: A. A. Stoddard	FULL MAIDEN NAME: Margaret Owen
RESIDENCE: Burley Idaho	RESIDENCE: Burley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Filed 8-20-20 19..... Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Nov. 25, 1940. T.M.

551-131-016-718

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 82528

No. ____ St.

Primary Registration District No. 2196

Registered No. 1689

Hospital ____

FULL NAME OF CHILD BILLY HAYNES Evans

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug. 31 1920

FATHER	MOTHER
FULL NAME H. S. Evans	FULL MAIDEN NAME Rebecca Haynes
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Salesman	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive; at 1.00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley Ida

Filed 8-31 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 82528
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Evans (Name on original certificate) who was born (Was born or died) on 31 August, 1920 (Date of event)
in Burley, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (Bible record, insurance policy, etc.) prepared on 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Evans	Billy Haynes Evans
		Father

Subscribed and sworn to before me this 10th
day of December, 19 41
Henry W. Tucker
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942.
[SEAL]

Signed Haynes Evans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of December, 19 41
Henry W. Tucker
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1942.
[SEAL]

Signed Rebecca Evans — mother
(Signature of any credible person other than the previous affiant.)
Burley, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

APR
MAR 7 1966

279-125-016-957

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17 File No. 82529

Primary Registration District No. 2196 Registered No. 1690

FULL NAME OF CHILD Baby Sprecher

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug. 23 1920

FATHER		MOTHER	
FULL NAME	Jack Sprecher	FULL MAIDEN NAME	Lucy Ingram
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida.
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley Ida

Filed 8-31 19 20 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

84-222-016-219

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elbo Cassia

City of Elba — Registration District No. 119 — File No. 82530

No. ____ St. ____

Hospital At Home — Primary Registration District No. 1 — Registered No. ____

FULL NAME OF CHILD Eleta May Hurd

Sex of Child Female | Twin, Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth June 22 (Month) (Day) 19 20 (Year)

FATHER

FULL NAME J. Reuben Hurd

RESIDENCE Elba Idaho

COLOR White — AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Snowville Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Susan Eva Barker

RESIDENCE Elba, Idaho,

COLOR White — AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Elba Ida.

OCCUPATION House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A M. on the date above stated.

(Signature) C. I. Bates M.D.

(Physician or midwife)

Address Malta, Idaho,

Filed 9/8 19 20 — C I Bates — Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

99-12-016-699

PLACE OF BIRTH

County of Cassia

City of Juniper

No. ..... St.

Hospital At Home

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 82531

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 27 1920

FATHER		MOTHER	
FULL NAME	Ivan R Rigby	FULL MAIDEN NAME	Ina Josephine Wright
RESIDENCE	Juniper Ida	RESIDENCE	Juniper Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

(Signature) L I Bates M D

(Physician or midwife)

Address Malta Idaho

Filed Sept 8 1920 L I Bates Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH 113-228 016-249

County of Cassia

City of Elba

No. ..... St.

Hospital At home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 82532

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ELIZABETH JACOBSEN

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Jacobson	FULL MAIDEN NAME	Gertrude Smith
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Willow Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 6:55 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Sater MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Walter Idaho

Filed Sept 8 1920 C. Sater Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Cassia } ss.

Certificate No. 82532

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elizabeth Jacobsen (Name on Original Certificate) who was born (Was Born or Died) on August 28, 1920 (Date of Event)
in Elba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elizabeth Jacobsen

Subscribed and sworn to before me this 20th
day of August, 1942

Notary Public, residing at Albion, Ida.
My commission expires JAN. 10, 1943
(Seal)

Signed C. J. Sater
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albion Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of August, 1942

Notary Public, residing at Albion, Idaho
My commission expires JAN. 10, 1943
(Seal)

Signed Mrs Stella Sater
(Signature of Any Credible Person Other Than Previous Year)

Albion Ida
(Street Address, City, State)

AUG 21 1942

AUG 26 1942

633/22 016154

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cas[illegible]

City of Elba — Registration District No. 119 — File No. 82533

No. ____ St.

Hospital At home — Primary Registration District No. ____ — Registered No. ____

FULL NAME OF CHILD Rex Andrus Otley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 22 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Willo Otley	Margaret Andrus
RESIDENCE	Elba Idaho	Elba Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Elba Idaho	Burlington Wyo.
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) C. I. Baker

(Physician or midwife)

Address Malta Idaho

Filed Sept 8 1920 C. I. Baker

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-29-

MAY 25 1954

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2662 11-016-855

PLACE OF BIRTH

Amended 10-2-78

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Bridge

No. ..... St.

Hospital At Home

Registration District No. 119 File No. 82534

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD RUBY BOOTH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	Yes	Aug 11 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Haber R Booth	FULL MAIDEN NAME	Maggie Henderson
RESIDENCE	Bridge Idaho	RESIDENCE	Bridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Millsville Utah	BIRTHPLACE	Clarkston Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:17 P M. on the date above stated.

(Born alive or stillborn)

(Signature) L I Bates

(Physician or midwife)

Address Malta Idaho

Filed Sept 8 1920 C Hatch Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. OCT 2 9 49 AM '78

County of .....

Certificate No. 82534

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Booth (Name on Original Certificate) who was born (Was Born or Died) on August 11, 1920 (Date of Event)

in Bridge (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Ruby
Sex of child	male	female

Subscribed and sworn to before me this 25th day of Sept, 1978

Bernard Gustafik

Notary Public, residing at 1050 Georgian St

My commission expires Nov 19, 1979

(Seal)

Signed Margaretta B. Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

126 Benson Ave Vallejo, Calif.

(Street Address, City, State)

BERNARD GUSTAFIK NOTARY PUBLIC - CALIFORNIA SOLANO COUNTY My commission expires Nov. 19, 1979

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Solano

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of Sept, 1978

Bernard Gustafik

Notary Public, residing at 1050 Georgian St

My commission expires Nov 19, 1979

(Seal)

Signed Melba E. Reebarth

(Signature of Any Credible Person)

1857 Granada Dr Concord Cal

(Street Address, City, State)

BERNARD GUSTAFIK NOTARY PUBLIC - CALIFORNIA SOLANO COUNTY My commission expires Nov. 19, 1979

DM 60-155

Correction corresp. 9-13-78 (B) fc

Own child's birth certificate on file with Vital Statistics, gives name of mother as Ruby Booth. Child born June 23, 1951 in Boise, Idaho., State File # 51-6502.
Viewed by V.S.

Family Record gives name of child as Ruby Booth born August 11, 1920 in Bridge, Idaho, daughter of Maggie Henderson and Heber Reeder Booth. Family record obviously old.
Viewed by V.S.

254-205-016-219

PLACE OF BIRTH name added 5/19/80

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital At Home

Registration District No. 119

File No. 82535

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Ida Lanora Kempton

Sex of Child Female

Twin / Triplet or other? ~ and Number in order of birth ~
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug (Month) 5 (Day) 1920 (Year)

	FATHER	MOTHER
FULL NAME	Clyde Kempton	FULL MAIDEN NAME Thelma Tonga Bailey
RESIDENCE	Nat Idaho	RESIDENCE Nat Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Nat Idaho	BIRTHPLACE Logan Utah
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E I Dalton

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report. ____ 19____

Filed Sept 8 1920

Registrar

E I Dalton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-6-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 14 2 52 PM '80

State of _____ } ss.
County of _____

Certificate No. 82535
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Kempton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 5, 1920 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Ida Lanora Kempton

Subscribed and sworn to before me this 10th day of May, 1980

Notary Public, Allen L Bennett
Residing at Roy Utah
My commission expires 10/1/81
(Seal)

Ida Lanora Kempton Poulsen
Signature of Applicant

4539 S. 1860 W. #121 Roy, Utah 84067
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

From the LDS Church gives names as Howard Ray Poulsen and Ida Lanora Kempton were sealed Dec 15,1939. viewed by V. s

Certif of Blessing from the LDS Church gives name as Ida Lanora Kempton daughter of Clyde George Kemptona nd Thelma Inga Baily. born Aug 3, 1920 at Viewe, Idaho blessed Oct 3,1920. viewed by V. S.

366·102·016-857

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

No. ..... St.

Hospital At home

Registration District No. 119 File No. 82536

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Joseph B. Cooper

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug (Month) 2 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Cooper	FULL MAIDEN NAME	~~Mrs~~ Lucy Hepworth
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Bannock Co. Ida	BIRTHPLACE	Springdale Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Sept 8 1920 C J Sater Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 26 10 05 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Minidoka.

Certificate No. 82536

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cooper (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 2, 1920 (Date of Event)
in Elba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Records (Bible Record, Insurance Policy, Etc.) prepared on Nov 1-62 + Feb 6-1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Joseph Cooper
		Joseph Boyd Cooper

Subscribed and sworn to before me this 22nd day of March, 19 74

Notary Public, residing at Rupert, Idaho
My commission expires February 4, 1978
(Seal)

Signed Ada Ransom (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

909 W. 3rd, Rupert, Idaho 83350
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO, } ss.
County of Minidoka.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of March, 19 74

Notary Public, residing at Rupert, Idaho
My commission expires 2-4-78
(Seal)

Signed Janel Johnson
(Signature of Any Credible Person)

P.O. Box 335, Rupert, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/15/74

Honorable Discharge from the US. Army gives name as Joseph B. Cooper born Aug. 2, 1920 at Elba, Idaho. Date of Separation Feb. 6, 1946. Viewed by by V. S.

APR 15 1974

Ins. Policy from State Mutual Life Assurance Co. of American gives name as Joseph B. Cooper. Certif. No. 19581. dated Nov. 1, 1968. Viewed by V. S.

366-213-021-685

[redacted]ACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Glendale

No. ..... St.

Hospital .....

Registration District No. 27 File No. 82537

Primary Registration District No. 2119 Registered No. 241

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1			yes	Aug (Month) 13 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James LeRoy D. Lowe	FULL MAIDEN NAME	Mary Melissa Wheeler
RESIDENCE	Glendale, Idaho	RESIDENCE	Glendale, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Collingston Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed Sept 10 1920 Dr A R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

13-210-021-251

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 82538

Primary Registration District No. 2119 Registered No. 262

FULL NAME OF CHILD Gwen Naomi Talbot

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	yes	Aug (Month) 10 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Leon Talbot	FULL MAIDEN NAME	Alice Naomi Seamons
RESIDENCE	Preston, Idaho	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kaysville, Utah	BIRTHPLACE	Winder, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed Sept. 10 1920 D R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Own Child's Birth Cert. on file: (Idaho Birth) #316241 gives full maiden name of mother as Gwen Naomi Talbot - viewed by V.S. Photo Copy of L.D.S. Church Cert. of Membership, dated Aug. 11, 1939 gives full name as Gwen Naomi Talbot, born Aug. 10, 1920 at Preston, Idaho to Henry Leon Talbot and Naomi Seamons - blessed Oct. 3, 1920 - baptized and confirmed Sept. 9, 1928 - viewed by VS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 22 1964
Bureau of Vital Statistics

State of Idaho
County of Franklin } ss.

Certificate No. 82538

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Talbot (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 10, 1920 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Gwen Naomi Talbot

Subscribed and sworn to before me this 16 day of Jan, 1964.
Helena Barker
Notary Public, residing at Preston Idaho
My commission expires 10-28-64
(Seal)

Signed Henry L. Talbot Sr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Henry L. Talbot Sr
(Street Address, City, State)
RR3 Preston, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Jan, 1964.
Lee B. Larsen
Notary Public, residing at Preston, Idaho
My commission expires May 12, 1966
(Seal)

Signed Janis Talbot
(Signature of Any Credible Person)
Route #3 Preston, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10-30-63. nm

JAN 23 1964

845-72[redacted]
022-449[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of St Anthony

Registration District No. 99 File No. 82540

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Duroy Lynn Humber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8 (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Davis L Humber	FULL MAIDEN NAME	Luella Pervis Murdock
RESIDENCE	St Anthony	RESIDENCE	St Anthony Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah Wife
OCCUPATION	Farmer	OCCUPATION	farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 10 1920 W. B. West Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other	Number of order of birth	Length	Date of Birth
FULL NAME			FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)		COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother, including present birth ... Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child ...

Given names added from a supplemental report.

Address

Registrar

449201-022-215

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 82541

No. ..... St.

Primary Registration District No. 217 Registered No. .....

Hospital .....

FULL NAME OF CHILD Nela Ella Murri

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	August 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Murri	Elza Bertha Baer
RESIDENCE	St Anthony	St Anthony Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	Switzerland	Salt Lake Utah
OCCUPATION	Farmer	Wife Farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 10 A. M. on the date above stated.

(Signature) W D Wurl

(Physician or midwife)

Address .....

Filed Sept 4 1920 W D Wurl Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

Form V. S. No. 11-C-2 m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Sex of Child ..... Twin / Triplet / or other? ..... and ..... Number in order of birth ..... Legitimate? ..... Date of Birth ..... (Month) ..... (Day) ..... 19 ..... (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	COLOR
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ..... at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

Filed ..... 19 .....

Registrar ..... Registrar

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

813203-022-269

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Chester

Registration District No. 991 File No. 82542

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Freidel May Hathaway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug 3 (Month) (Day) 1920 (Year)
female			

FATHER		MOTHER	
FULL NAME	Richard Hathaway	FULL MAIDEN NAME	Florence May Bond
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	School Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 15 1920

W. A. West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1943

963108 1022-719

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 82543

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Calvin George Rote

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	July 8th 2 P.M. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles C. Rote	FULL MAIDEN NAME	Ella Grace Garner
RESIDENCE	Henry's Lake	RESIDENCE	Henry's Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lancaster Co. Penn.	BIRTHPLACE	Henry's Lake
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St. Anthony Idaho

Filed Sept 10 1920 W. A. West Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1944

813-202-022-767 child's name added 6/7/93tlc

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 79 File No. 82544

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Hale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July 2nd 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horace Leslie Hale	FULL MAIDEN NAME	Agne Pearl Pope
RESIDENCE	St Anthony Ida	RESIDENCE	St. Anthony Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	West Portage Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	~~Farmer~~ Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St. Anthony. Idaho

Filed Sept 10 1920 W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3-27-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82544

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hale (Name on Original Certificate) who was born (Was Born or Died) on July 2, 1920 (Date of Event)

in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Hazel Hale

Subscribed and sworn to before me this 11th day of May, 19 77

Notary Public, residing at Gt Falls

My commission expires 1-7-77

(Seal)

Signed Virginia Hutchins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

621 11th St. No. Gt. Falls Mont 59401

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Cascade } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1977

Notary Public, residing at Gt Falls

My commission expires 1-7-77

(Seal)

Signed Al Vernon McAndrew

(Signature of Any Credible Person)

1925 Elm St

(Street Address, City, State)

West Falls Montana

K FORM DH 60-155 Telephone call - no corresp. fc

Church Baptismal record from LDS Church, Rodney Jenks, Ward Membership Clerk, Blackfoot, Idaho gives name as Hazel Jensen Hale, born July 2, 1920 in St. Anthony, Idaho. Baptized Jly 1, 1928. Parents' names given as Horace Leslie Hale and mother's name as Agnes Pearl Pope. viewed by VS

Passport dated Dece,ber 15, 1954 gives name as Hazel Jensen. Born July 2, 1920 in St. Anthony, Idaho. viewed by VS

954-110-022-314

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. ..... File No. 82545

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD John Clark Remington

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth August 10 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry C Remington	FULL MAIDEN NAME	Agnes Campell
RESIDENCE	St Anthony Ida	RESIDENCE	St. Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyo
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.05 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Anthony Idaho

Filed Sept 10 1920 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

11

294-225-
041-294

PLACE OF B[redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of

No. St.

Hospital Resident

Registration District No. File No. 82546

Primary Registration District No. Registered No.

FULL NAME OF CHILD Evelyn Loree Kidwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles B Kidwell	FULL MAIDEN NAME	Nora B Kidwell
RESIDENCE	Clementsville Ida	RESIDENCE	Clementsville Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Anthony Idaho

Registrar

Filed Sept 10 1920

W D Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah

Certificate No. 82546

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Evelyn Loree Kidwell

Subscribed and sworn to before me this 17th day of May, 1943

Notary Public, residing at Portland Ore

My commission expires 2-19-45
(Seal)

Signed Mrs Nora Kidwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant in correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 3. 1959

MAY 26 1943

964-220-022-445

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. Teton 19-4 File No. 82547

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eliza Elsie Roush

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 20" (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Frampton Roush	FULL MAIDEN NAME	Margaret Dunton
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Teton	BIRTHPLACE	St Anthony
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Harshbarger

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St. Anthony, Idaho

Filed Sept 10 1920 W. Deerst

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 4 1963

466-116-022-811

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. 352 E Main St.

Registration District No. 99

File No. 82549

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Philip George Nixon

Sex of Child: Boy

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: Aug (Month) 16th (Day) 1920 (Year)

FATHER

FULL NAME: Redman Nixon

RESIDENCE: St Anthony Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Lawyer

MOTHER

FULL MAIDEN NAME: Elsa Haass

RESIDENCE: St Anthony Idaho

COLOR: White

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE: Michigan

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at noon M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) M. M. Barshberger M.D.

(Physician or midwife)

Address St. Anthony Idaho

Filed Sept 1 1920

Registrar

MAR 22 1948

619-209-022-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Idaho

Registration District No. 19 File No. 82550

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Patricia Farnsworth

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 7 (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	S. Dennis Farnsworth	FULL MAIDEN NAME	Elizabeth Watson
RESIDENCE	St Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept 10 1920 W Swift Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1965

395-223-022-214

PLACE OF BIRTH

County of Fremont

City of Newdale

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 94

File No. 82551

Primary Registration District No. 2127

Registered No. _____

Full Name of Child ~~Lorean~~ LAURENE Ardell Treisa

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female				July 23rd 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian Treisa	FULL MAIDEN NAME	Mollie ~~Tenn~~ Bauer
RESIDENCE	Newdale Idaho	RESIDENCE	Newdale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S Humphrys

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Newdale Idaho

Registrar

Filed Sept 10 1920 W D Wright

Registrar

Form V. S. No. 11—2 m-p-1518

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 8[illegible]

Registered No.

PLACE OF BIRTH

Certify of

Mo. St.

Full Name of Child

Name of Mother and Maiden Name

Date of Birth

Place of Birth

Number of Birth

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children of the mother now living

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma } ss.
County of Comanche }

Certificate No. 82551

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Lerean Ardell Treisa (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 23, 1920 (DATE OF EVENT) in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lerean	Laurene Ardell Treisa
Mother's name	Brur	Mollie Bauer

Subscribed and sworn to before me this 4 day of March, 1943.

Notary Public, residing at Chattanooga Okla

My commission expires Nov 9 1945

(SEAL)

Signed Molly Bauer Treisa

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Chattanooga, Oklahoma

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Okla
County of Comanche } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of March, 1943.

Notary Public, residing at Chattanooga Okla

My commission expires Nov 9 1945

(SEAL)

Signed [illegible]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Chattanooga, Okla.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

916-128-022-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Registration District No. ..... File No. 82552

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Delmar David Rawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Francis Rawson	FULL MAIDEN NAME	Edith Johanna Davis
RESIDENCE	Sarilda	RESIDENCE	Sarilda
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Egin	BIRTHPLACE	Egin
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 10 1920

W A Wirt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 7 1970

493-211-022-259

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 99 File No. 82553

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~xxxxxxxx~~ LEORA Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	July 11 1920

FATHER		MOTHER	
FULL NAME	Wallace Miller	FULL MAIDEN NAME	Florence Knight
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Burt

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Sept 10 1920

W Burt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year) 19

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

..... Registrar

Filed ..... 19 ..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82553

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Leora Miller
Date	August 11th	July 11, 1920
Sex	not given	Female

Subscribed and sworn to before me this 24
day of May, 19 43

~~Notary~~ Clerk of District Court.
Notary Public, residing at St. Anthony, Ida.

My commission expires .....
(Seal)

Signed Mrs Florence Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parker Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

455/02.022-7666

PLACE OF BIRTH Amended 11-26-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Registration District No. 102 File No. 82554

Hospital ..... Primary Registration District No. 6 Registered No. 26

FULL NAME OF CHILD William Woods Denning
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9-2-1920

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Charles Wallace Denning	FULL MAIDEN NAME: Lucy Woods
RESIDENCE: West Yellowstone, Mont.	RESIDENCE: West Yellowstone, Mont.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Mont.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meadham

Physician
(Physician or midwife)

Address Ashton, Idaho

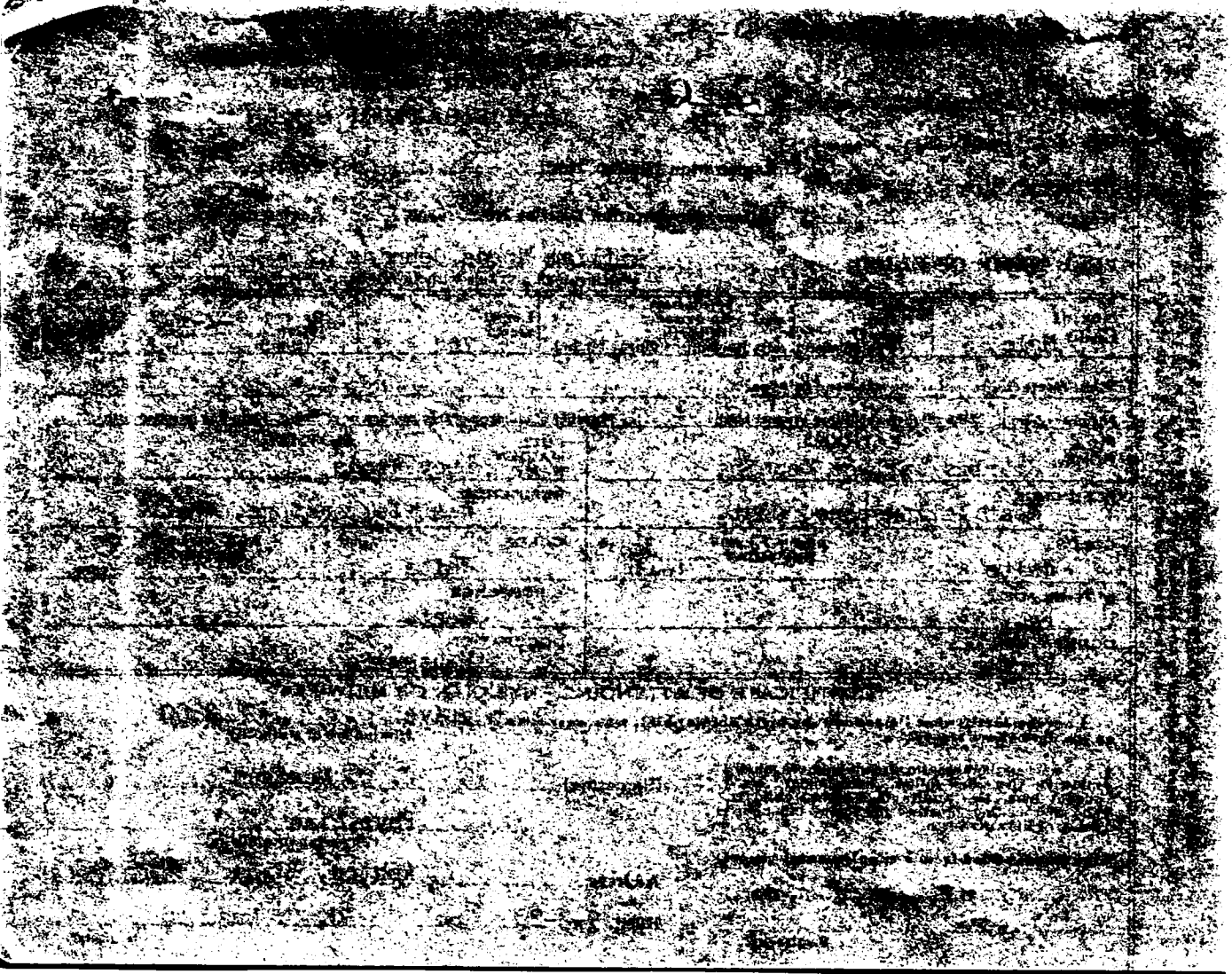
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 9-3-20 192.. C. C. Meadham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82554

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Woodsted Denning (Name on Original Certificate) who was born (Was Born or Died) on September 2, 1920 (Date of Event)
in Ashton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Court Order changing Name-Gallatin County, Montana dated June 25,1951 viewed by Vital Statistics prepared on ..... (Give Date) are:
Marriage license (Bible Record, Insurance Policy, Etc.) Mother's birth certificate Viewed by

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's middle name	Woodsted	Woods
Mother's maiden name	Woodsted	Woods
Mar. 14, 1928	Jan. 10, 1897	Vital Stat.

Subscribed and sworn to before me this 8 day of June, 19 56
Notary Public, residing at Bozeman, Montana
My commission expires July 16, 1957
(Seal)

Signed Lucy Woods Martzolf
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 1 West Yellowstone Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of June, 19 56
Notary Public, residing at Bozeman, Montana
My commission expires July 16, 1957
(Seal)

Signed William F. Martzolf
(Signature of Any Credible Person)
Box 1, West Yellowstone MONTANA
(Street Address, City, State)

FORM DPH 55. 155

1 cpy pa

319-127-022-319

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 102 File No. 82555

Primary Registration District No. 6 Registered No. 25

FULL NAME OF CHILD .....

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 8-27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmar Nels Larson	FULL MAIDEN NAME	Irene Larson
RESIDENCE	Ashton, Ida	RESIDENCE	Ashton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ashton Idaho

Filed 8/28 1920 C. C. Meacham Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-126-022-819

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 102 File No. 82556

Primary Registration District No. 6. Registered No. 24

FULL NAME OF CHILD Lloyd Charles Brown

Sex of Child Male. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes.

Date of Birth 8-26-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Rosco Brown	FULL MAIDEN NAME	Edith Hirsch Brown
RESIDENCE	Ashton, Idaho.	RESIDENCE	Ashton, Idaho.
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kentucky
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Idaho.

Filed 8/26 1920 C. Meacham Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-114-022-154

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Drummond

Registration District No. 102 File No. 82557

No. ..... St.

Primary Registration District No. 6. Registered No. 23

Hospital .....

FULL NAME OF CHILD DALE LLOYD ANDERSON

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth 8-14-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee O. Anderson	FULL MAIDEN NAME	Edith Anderson
RESIDENCE	Drummond, Ida.	RESIDENCE	Drummond Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Idaho

Filed 8/15 1920 [signature]

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 82557
Date Filed

NOV 10 1941
RECEIVED

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Unnamed Anderson (Name on original certificate) who was born (Was born or died) on Aug 14, 1920 (Date of event) in Drummond Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Cert. of Blessing (Bible record, insurance policy, etc.) prepared on Aug. 7 1921 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Anderson	Dale Lloyd Anderson

Subscribed and sworn to before me this 8th day of November, 1941
Gilbert L. Fenton
Notary Public, residing at Gooding
My commission expires Nov. 23-1944
[SEAL]

Signed Leah Mary Anderson, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gooding, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 8th day of Nov., 1941
Gilbert L. Fenton
Notary Public, residing at Gooding
My commission expires Nov. 23-1944
[SEAL]

Signed Lama E. Clifford
(Signature of any credible person other than the previous affiant.)
Gooding, Idaho
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28N/10E-023-433

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 20-21

File No. 82558

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Unnamed Shaffer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 1 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Isaac Shaffer	Grace McEwan
RESIDENCE	Emmett	Emmett
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Ohio	Illinois
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. G. Reynolds M.D.

(Physician or midwife)

Address Emmett Idaho

Filed ..... 1 ..... 1921 J. A. Reynolds Registrar

259/07-023-253

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett — Registration District No. 2010 — File No. 82559

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital ____

Full Name of Child Dean Elwin Keithley

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	May 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Campbell Keithley	Carol Faye Kelly
RESIDENCE	Emmett	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	South Dakota	Kansas
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2 .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Filed 5/9 1920 J. L. Reynolds
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 29 1943

884-29-023-493

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2020 File No. 82560

Primary Registration District No. _____ Registered No. _____

Full Name of Child Jannith Hyde

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Aug 29 20

FATHER

FULL NAME: Fred Hyde

RESIDENCE: Emmett

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: N.C.

OCCUPATION: Common Labor

MOTHER

FULL MAIDEN NAME: Alice Martha Dillard

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: N.C.

OCCUPATION: House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 8/29 1930 J. L. Reynolds Registrar

and at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-201-024-693

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. [illegible]

Registration District No. .....

File No. 82563

Primary Registration District No. 1014

Registered No. .....

FULL NAME OF CHILD Katherine Agnes Vipperman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dave Vipperman	FULL MAIDEN NAME	Maggie Mary Wilson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Va
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F T Cary MD Per Lee

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Idaho

Filed 9-2-1920 F T Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-30-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 7 12 58 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 82563

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Vipperman (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1920 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Katherine Agnes Vipperman

Subscribed and sworn to before me this 5 day of September, 1973.

Notary Public, residing at Caldwell
My commission expires 1-26-1974
(Seal)

Signed George A. Stevens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Called 8-30-73 - no corresp. fc RUSH

Certificate of Baptism and Confirmation from LDS Church gives name as Katherine Agnes Vipperman Stevens daughter of David Pierce Vipperman and Maggie Mary Wilson. Born Sept. 1,1920. Was Bpatized July 2, 1955. Viewed by V. S.

SEP 10 1973

Own child's birth certificate from St. Valentines Hospital, Wendell, Idaho gives chil name as Katherine Afele Stevens. born July 17, 1941. Father's name given as Georg Arnold Stevens and mother's name given as Katherine Agnes Vipperman. Viewed by V. S.

Amended 3-27-57
PLACE OF BIRTH
135-127-024-259

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding
City of Gooding
No. R. F. D. 1 St.
Registration District No. 2014 File No. 82564
Hospital
Primary Registration District No. Registered No.

FULL NAME OF CHILD Merrill Snider Alexander
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 23 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dean Wallace Alexander	FULL MAIDEN NAME	Alena Jane Snider
RESIDENCE	Gooding, Idaho R. F. D.	RESIDENCE	Gooding, Idaho R. F. D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell, M. D.
(Physician or midwife)
Address Gooding, Idaho

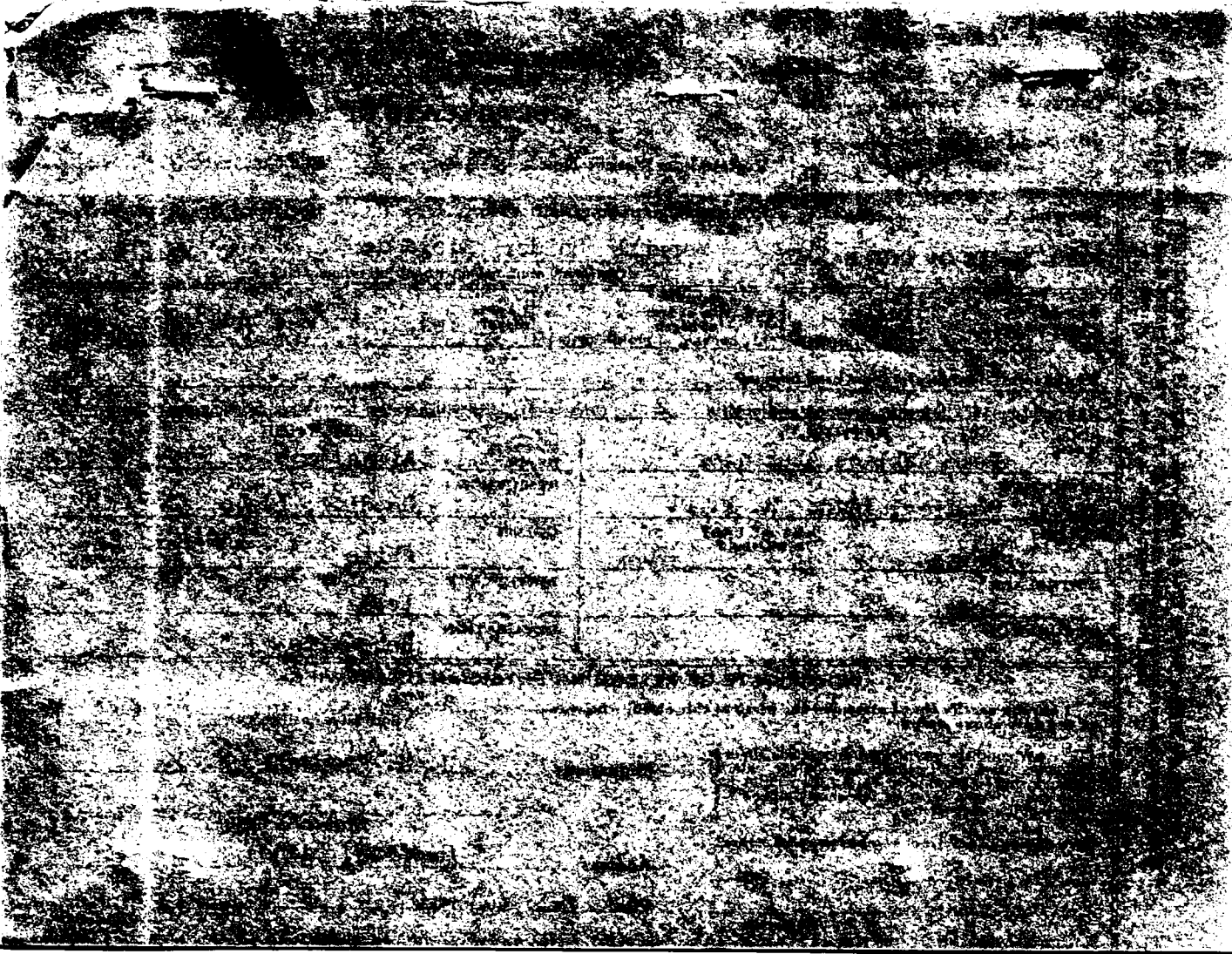
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 9-1 1920 F. T. Cary, M. D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82564

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Merrell Alexander (Name on Original Certificate) who was born (Was Born or Died) on Aug. 23, 1920 (Date of Event) in Gooding (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Childs Birth Cert (Bible Record, Insurance Policy, Etc.) prepared on # 49-7185 dated 4-22-43 8-8-43 (Give Date), are:

Several Military Records

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Also, App. for Nation Service Life Insurance 1-18-43		
Full Name of Child	Merrell Alexander	Merrill Snider Alexander
All viewed by Vital Stat.		

Subscribed and sworn to before me this 11 day of January, 1957

Notary Public, residing at Gooding, Idaho
My commission expires March 1, 1960
(Seal)

Signed Alena J. Alexander mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of January, 1957

Notary Public, residing at Gooding, Idaho
My commission expires 4-1-60
(Seal)

Signed Julius Schmitt
(Signature of Any Credible Person)

1041 South Main Gooding Idaho
(Street Address, City, State)

FORM DPH 55. 155

563.120-024-815

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 82565

Primary Registration District No. 1014 Registered No. ____

FULL NAME OF CHILD Robert Charles Noll

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 20 1920

FATHER	MOTHER
FULL NAME Ashley J. Noll	FULL MAIDEN NAME Grace Hallock
RESIDENCE Gooding Ida.	RESIDENCE Gooding Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P M. on the date above stated.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Address Gooding, Idaho

Filed 9-1-20 F D Caywood
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

AUG 5 1959

132-204-024-813

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. R.F.D. St.

Registration District No. ..... File No. 82566

Primary Registration District No. 1014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Rose Atkinson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 4 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D. Atkinson	Blanche Hall
RESIDENCE	Detroit Mich.	Detroit Mich
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Canada	Mich
OCCUPATION	Mgr. Ford Motor Co.	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Idaho

Filed 9-1- 1920 F J Carey
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/5/41 rmf

155·126·024-799 ✓

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. ..... File No. 82567

No. ..... St.

Primary Registration District No. 1014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clyde Lloyde Averett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George H. Averett	FULL MAIDEN NAME	Geneva Prince
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Idaho

Filed 9-1- 1920 F J Cayman
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1953

NOV 8 1954

799-216-024-619

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 82568

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD JESSE WALTER Gribble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 16 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Gribble	Genevieve Karsnick
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	40
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Laborer	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a M. on the date above stated.

(Signature) J H Cromwell MD

(Physician or midwife)

Address Gooding, Idaho

Filed 9-1- 1920

F J Cary MD
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

GRIBBLE

Dup of 1920-280734

291-217-024-719

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 82569

Primary Registration District No. 1014

Registered No. .....

FULL NAME OF CHILD Barbara Bradfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William M. Bradfield	FULL MAIDEN NAME	Olive Parks
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F T Carymb

Br Lab

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Idaho

Filed 8/28/20 19.... F T Carymb

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

149-206-024-168

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

[redacted] S. No. 11-C—25m-9-8-17

BUREAU O[redacted]

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 82570

Primary Registration District No. 1014

Registered No. .....

FULL NAME OF CHILD MARION MAHALA Murray

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 6 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Murray	Anna Johnson
RESIDENCE	Gooding	Gooding —
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Oregon	Nebr —
OCCUPATION	Laundryman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. J. Cary MD

By Fax

(Physician or midwife)

Address Gooding Idaho —

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 17 — 19 20

F. J. Cary MD

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Mineral }

Certificate No. 82570
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Marion Mahala Murray (Name on original certificate) who Was Born (Was born or died) on August 6th 1920 (Date of event) in Gooding Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Baby Murray	Marion Mahala Murray

Subscribed and sworn to before me this
day of 3rd of Nov, 1941
W E Scott
Notary Public, residing at St Regis Mont
My commission expires Nov 6, 1941
[SEAL]

Signed Anna Murray, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St Regis Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Mineral }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of November, 1941
W E Scott
Notary Public, residing at St Regis Mont
My commission expires Nov. 6 - 1941
[SEAL]

Signed O. F. Kreklau.
(Signature of any credible person other than the previous affiant.)
St Regis. Montana
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

312-105-024-957

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

Registration District No. 2014 File No. 82571

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Case

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Sep. 5 (Month) (Day) 20 (Year)

FATHER

FULL NAME: Henry F Case

RESIDENCE: Wendell

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Delpha Ingram

RESIDENCE: Wendell

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lauel per Alice Zingg

(Physician or midwife)

Address Gooding, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-7-19 20

F F Cary MD

Registrar

662-130-024-268

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 2014 File No. 82572

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD MERLE EDWARD Owsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward L Owsley	FULL MAIDEN NAME	Lillie Boyer
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Store Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb
per Alice Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Ida.

Filed 9-7-1920

F. T. Cary MD
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Mrl

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 62572

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for No Name (Name on Original Certificate) who Born (Was Born or Died) on Aug 30 1920 (Date of Event)
in Hagerman (Place of Event) Ida. are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	
INFIE [illegible] OAKLEY	BORN	AUGUST-30-1920

Subscribed and sworn to before me this 21
day of June, 1942.

Notary Public, residing at Hagerman, Idaho

My commission expires March-22-1944
(Seal)

Signed Lelia May Oakley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed Adeline D. Fuchs RN
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 2 1942

95K-201-024-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 82573

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD ALBERTA LEAH Redington

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 1 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Sam Redington	FULL MAIDEN NAME	Minnie Watts
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Ida.

Filed 9-7-1920 F. J. Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82573

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alberta Leah Redington (Name on Original Certificate) who born (Was Born or Died) on Aug 1 1920 (Date of Event)
in Gooding Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alberta Leah Redington

Subscribed and sworn to before me this 8
day of June, 1942

Glenna A. Patterson
Notary Public, residing at Gooding
My commission expires Sept 1944
(Seal)

Signed Sam Redington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of June, 1942

Glenna A. Patterson
Notary Public, residing at Gooding
My commission expires Sept 1944
(Seal)

Signed R W Williams
(Signature of Any Credible Person Other Than Previous Year)

Gooding, Idaho
(Street Address, City, State)

JUN 10 1942

JUN 12 1942

866 105-025-689

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 82574

Primary Registration District No. 1001 Registered No. 46

FULL NAME OF CHILD Frank Ralph Howard

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Aug. 5 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Frank Ralph Howard	FULL MAIDEN NAME Blanche B. White
RESIDENCE Grangeville Ida	RESIDENCE Grangeville Ida,
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Riggins Ida,	BIRTHPLACE New Meadows Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) B Chipman

Physician

(Physician or midwife)

Address Grangeville Ida.

Filed Sept 1 1920 G O Clarkson Registrar

c.c. 5/16/41. w.h.

OCT 25 1960

549205.025-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 82575

Primary Registration District No. 2181 Registered No. 45-

FULL NAME OF CHILD Oneida Nurse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug. 5 1920

FATHER		MOTHER	
FULL NAME	Alva Allen Nurse	FULL MAIDEN NAME	Lora Bell
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Grangeville Ida	BIRTHPLACE	Ellis Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

(Signature) B Chipman

Physician
(Physician or midwife)

Address Grangeville Ida

Filed Sept 1 1920 98 Stockton

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-130-025-618

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 82576

No. ..... St.

Primary Registration District No. 2181 Registered No. 44

Hospital .....

FULL NAME OF CHILD Herbert G. Schlicker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Gustav Schlicker	FULL MAIDEN NAME	Mercred Cecil Waymire
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mt Idaho Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Grangeville Idaho

Filed Sept 1 1920 G. S. Stockton Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/9/41. w.h.

AUG 4 - 1953

915-229-025-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 82577

No. R. D. St.

Primary Registration District No. 2181 Registered No. 43

Hospital ——

FULL NAME OF CHILD Sarah Anne Rankin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	July 29 1920

FATHER	MOTHER
FULL NAME Samuel S. Rankin	FULL MAIDEN NAME Cordia S. Carter
RESIDENCE R.D. Grangeville, Ida	RESIDENCE R.D. Grangeville, Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ireland	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [illegible]

(Physician or midwife) [illegible]

Address [illegible]

Filed Sept 1 1920 G S Stockton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1960

238218·025-763

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 82579

Primary Registration District No. 1001 Registered No. 41

FULL NAME OF CHILD Vita May Schenck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jerome Drumman Schenck	FULL MAIDEN NAME	Ada Cleo Pollan
RESIDENCE	Grangeville Ida.	RESIDENCE	Grangeville Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10: P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Chipman
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Grangeville Ida.

Filed Sept 1 1920 G S Stockton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1970

FEB 1 0 1949

866207-025-813

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 82580

No. ..... St.

Primary Registration District No. 2-181 Registered No. 40

Hospital .....

FULL NAME OF CHILD Lucille Howes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	July	7	20

	FATHER	MOTHER
FULL NAME	Charles Howes	Emma Emma Hale
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Northwood N.D.	Billings Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) B Chipman

Physician (Physician or midwife)

Address Grangeville Ida.

Filed Sept 1 20 G B Blickhan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1949

799/105-025-3296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 82581

No. ..... St. Primary Registration District No. 1001 Registered No. 39

Hospital .....

FULL NAME OF CHILD ELMER CLYDE PRICE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	July 5 1920

FATHER		MOTHER	
FULL NAME	Clyde Price	FULL MAIDEN NAME	Mary Elizabeth Broyles
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. S. Stricklin

(Physician ~~or midwife~~)

Address Grangeville Ida

Sept 1 1920 G S Stricklin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 82581

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 5th, 1920 (Date of Event)
in Grangeville, Idaho Co./Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by affidavit (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elmer Clyde Price

Subscribed and sworn to before me this 1st
day of August, 19 42
Fred D Wooster
Notary Public, residing at Lewiston, Idaho
My commission expires Dec. 18th, 1942
(Seal)

Signed Bessie Price (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1707-15th Ave Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of August, 1942
Fred D Wooster
Notary Public, residing at Lewiston
My commission expires Dec. 18th, 1942
(Seal)

Signed E Clyde Price
(Signature of Any Credible Person Other Than Previous Year)
1707-15th Ave, Lewiston, Idaho
(Street Address, City, State)

AUG 3 1942

AUG 5 1942

JUN 1 4

417.201.025.255

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Idaho

City of Kenterville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 82582

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Bernardine Clara Mager

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 1st 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Fred Mager	FULL MAIDEN NAME	Bertha Katherine Benschung
RESIDENCE	Kenterville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Aug 2nd 1920 H B Blake

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1954
MAR 22 1973

295-216-025-395

Form V. S. No. 11-C—Rev. 6-8-17

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 105 File No. 82583

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Rose Johanna Biern

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	July 16, 1920.

FATHER	MOTHER
FULL NAME: Peter J. Biern	FULL MAIDEN NAME: Anna Lies
RESIDENCE: Cottonwood, Idaho.	RESIDENCE: Cottonwood, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26. (Years)
BIRTHPLACE: Washington.	BIRTHPLACE: Oklohoma.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:20 AM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. O. Steinnick M. D.

(Physician or midwife)

Address Cottonwood Idaho.

Filed Aug 2 1920 H. B. Blake

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

238-26-025-758

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82584

County of Idaho

City of Ferdinand Registration District No. 105 File No. 74

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Loretta Bernardina Schaeffer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 6 1920

FATHER	MOTHER
FULL NAME Joseph Gerhard Schaeffer	FULL MAIDEN NAME Anna [illegible] Gehring
RESIDENCE Ferdinand	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.
(Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report.

..... 19.....
Registrar

Filed Aug 7 1920 H B Blake
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-207-025-859

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 82585

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Susanna Simon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 4th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Peter Simon	Anna Heitz
RESIDENCE	Cottonwood Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	29 (Years)
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Garage owner & Keeper	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood Idaho

Filed Aug 8 1920 H B Blake Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECLASSED

c/69:213:025494

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82586

County of Idaho

City of Cottonwood

No. ..... St.

Registration District No. 105 File No. 76

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elizabeth Josephine Moriarty

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 13 1925

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Moriarty	Dora Katherine Drube
RESIDENCE	Cottonwood Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	37
BIRTHPLACE	Ireland	Kansas
OCCUPATION	Stock Raiser	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 35 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H H Blake M D.

(Physician or midwife)

Address Cottonwood Idaho

Filed Aug 13 1925 H H Blake Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 82586

Date Filed APR 1 0

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Elizabeth Josephine Moriarty (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on August 13, 1920 (DATE OF EVENT)
in Cottonwood, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Rectory Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 20, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Elizabeth Josephine Moriarty

Subscribed and sworn to before me this 13
day of April, 1942

John L. Boole
Notary Public, residing at Cottonwood

My commission expires
(SEAL)

Signed Mrs. John Moriarty
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Cottonwood Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of April, 1942

John L. Boole
Notary Public, residing at Cottonwood Ida

My commission expires May 27 1945
(SEAL)

Signed Lucy Lightfield
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Kenteville, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2 3 1942

893-167-025-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 1/30/46

County of Idaho
City of P.O. Ferdinand
No. Dis. Isle Flat St.
Hospital

Registration District No. 105 File No. 82588
Primary Registration District No. 2185 Registered No. 78

FULL NAME OF CHILD Lloyd Merrell Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Feb. 7, 1920

What bacteriolidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER

FULL NAME: Grover Cleveland Hill
RESIDENCE: Isle flat
COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Eugene, Oregon
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Clara May Hill
RESIDENCE: Isle flat District
COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Emporia, Kansas
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....
(Physician or midwife)

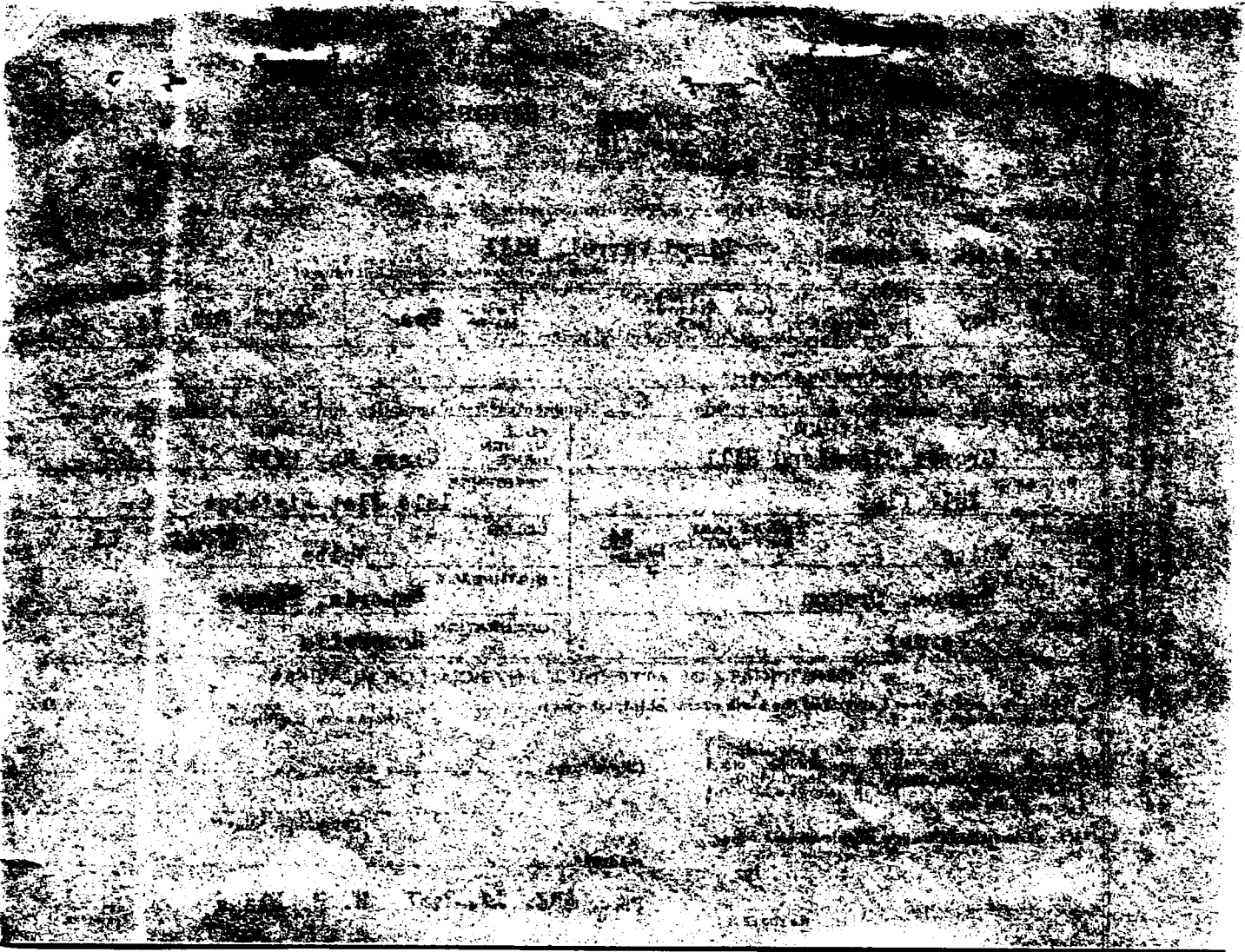
Address .....

Give names added from a supplemental report.

..... 192.....
Registrar.

Filed Aug. 14, 1920 H. B. Blake
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 82588

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lloyd Merrell Hill (Name on Original Certificate) who born (Was Born or Died) on February 7, 1920 (Date of Event) in Idaho County, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Honorable Discharge (Bible Record, Insurance Policy, Etc.) prepared on November 29, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Floyd Merrell Hill	Lloyd Merrell Hill

Subscribed and sworn to before me this 25th day of January, 19 46

Hampton Taylor
Notary Public, residing at Grangeville, Idaho

My commission expires February 3, 1949.
(Seal)

Signed Grover C. Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this January 25, day of January, 19 46

Hampton Taylor
Notary Public, residing at Grangeville, Idaho

My commission expires February 3, 1949.
(Seal)

Signed Ruby Twogood
(Signature of Any Credible Person)

Kamiah Idaho
(Street Address, City, State)

JAN 30 1919

395-214-025-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Mar-9-8-17

82589

Registration District No. 105 File No. 79

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD William Joseph Lies (Lies)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Lies	FULL MAIDEN NAME	Josephine Catherine Kolbeck
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	St Marks Kans.	BIRTHPLACE	Salem S. D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Aug 16 1920 H B Blake

Registrar

Registrar

915-21310 25-316

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

File No. 82590

Primary Registration District No. 2184

Registered No. 421

FULL NAME OF CHILD Lila Rankin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Rankin	FULL MAIDEN NAME	Ivy Lawrence
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn), at [illegible] P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeekmoes
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia [illegible]

Filed Sept 1 1920

J M Verbeekmoes
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-122-025-695

PLACE OF BIRTH

Form V. S. No. 11-O—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106 File No. 82591

Primary Registration District No. 2184 Registered No. 49

FULL NAME OF CHILD Felix Geo Witt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abe Witt	FULL MAIDEN NAME	Oma Winfield
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Oklahoma	BIRTHPLACE	Arkansas
OCCUPATION	Section man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:09 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Idaho

Filed Sept 1 1920 J M Verbeekmoes

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc11-1-40

JAN 26 1962

AUG 25 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

442 219-028-295

County of Idaho

City of Stites

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 106 File No. 82592

Primary Registration District No. 2184 Registered No. 48

FULL NAME OF CHILD ~~Horace Lanette~~ FLORACE JEANNETTE Musiel

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter Musiel	FULL MAIDEN NAME	Catherine Marie Singer
RESIDENCE	Stites	RESIDENCE	Wisconsin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Gen Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Idaho

Registrar

Filed Sept 1 1920 J M Verbeekmoes

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho

Certificate No. 82592

Date Filed

The undersigned does solemnly swear that certain facts on the certificate Birth (Birth or Death) for Florice Musiel (Name on Original Certificate) who born (Was Born or Died) on August 19, 1920 (Date of Event) in Stites (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Doctor's knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Florice	Florace Jeannette Musiel

Subscribed and sworn to before me this 27th day of June, 1942

V. B. Anderson
Notary Public, residing at Stites Idaho.
My commission expires April 22 - 1945
(Seal)

Signed J. W. Wentworth M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
East St. Stites Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1942

V. B. Anderson
Notary Public, residing at Stites Idaho
My commission expires April 22 - 1945.
(Seal)

Signed J. C. Collett.
(Signature of Any Credible Person Other Than Previous Year)
Ex-Postmaster. Stites Idaho
(Street Address, City, State)

JUL 1 1942

JUL 3 1942

JUL 7 1942

416-212-025-319

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 106 File No. 82593

Primary Registration District No. 2184 Registered No. 47

FULL NAME OF CHILD Francis Marie Dawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 12 1920

FATHER		MOTHER	
FULL NAME	Orvel Dawson	FULL MAIDEN NAME	Elsie Carson
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Werberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

Filed Sept 1 1920 J M Werberkmoes

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1971

DEC 3 1942

855-111-025-955

PLACE OF BIRTH

name added 7/11/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—25m-9-8-17

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

Primary Registration District No. 2184

File No. 82594

Registered No. 46

FULL NAME OF CHILD Ivan Lester Hendren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Hendren	FULL MAIDEN NAME	Stella Reed
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Weberknecht

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Registrar

Filed Sept 1 1920

J M Weberknecht
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-19-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 30 12 03 PM '80

State of Idaho
County of Lewis } ss.

Certificate No. 82594
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for unnamed Hendren (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 11, 1920 (Date of Event)
in Kooskia (Idaho) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Ivan Lester Hendren

Subscribed and sworn to before me this 24th day of June, 1980.
Notary Public: Kathryn Evans
Residing at Kamiah
My commission expires Lifetime
(Seal)

Ivan Lester Hendren
Signature of Applicant
Route-1 Box H9 Kooskia Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lewis } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24th day of June, 1980.
Notary Public, Kathryn Evans
Residing at Kamiah
My commission expires Lifetime
(Seal)

Stella Hendren (mother)
Supporting Signature
R. 1-Box 70-A-3-Kooskia Idaho 83539
Street Address, City, State

Family Bible record gives nameas Ivan Lester Hendren born Aug 11, 1920. viewed by V. S.

Own chid's birth certif from Idaho #50-6919 gives child's name asStanley Ivan Hendren born June 5,1950. father's name as Ivan Lester Hendrn. and mother's name as Rose Amie Gilmore. viewed by V. S.

JUL 17 198

8541070025363

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 106 File No. 82595

Primary Registration District No. 2184 Registered No. 46

FULL NAME OF CHILD ..... Willie Alexander Humphill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alexander Humphill	Inez Toll
RESIDENCE	Kooskia - Idaho	Kooskia - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .... 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive ..... (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Herbert Knox

Physician

(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 1 1920

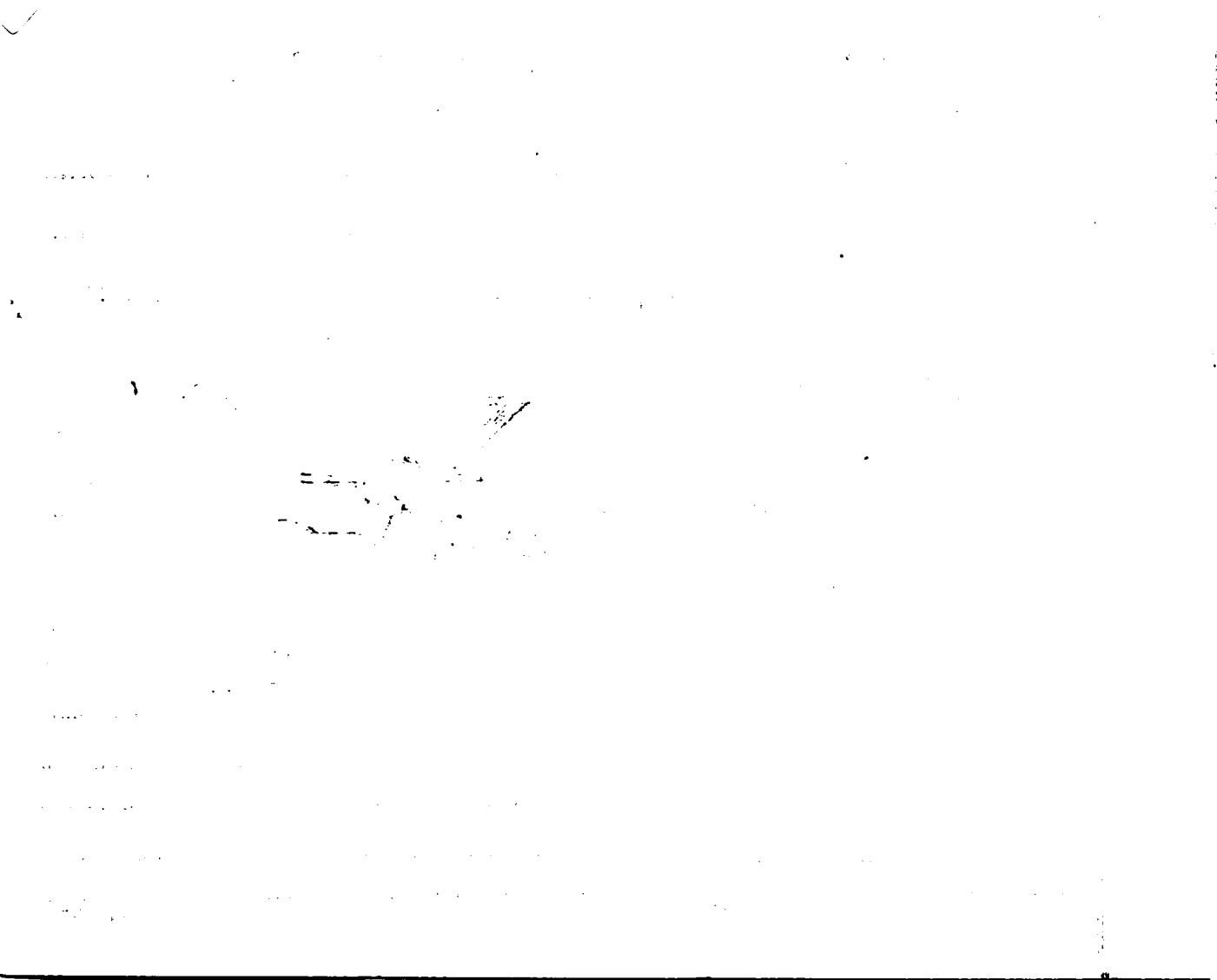
J. M. Herbert Knox

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



259-102-025-261

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 82596

Primary Registration District No. 2184 Registered No. 44

FULL NAME OF CHILD Lawrance Albert Keith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug 2 1920

FATHER		MOTHER	
FULL NAME	Lawrance Keith	FULL MAIDEN NAME	Sarah Swann
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Illinois	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Weberkinnes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

Filed Sept 1 1920 J M Weberkinnes Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 4 1942

FEB 3 1965

819-126-025-363

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. 106

File No. 82597

Primary Registration District No. 2184

Registered No. 43

FULL NAME OF CHILD Orval Robert Harrington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oval Lewis Harrington	FULL MAIDEN NAME	Barbara Leona Collins
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Stites Idaho

Filed Sept 1 1920

J M Weberkinnes
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1956

349-208-025-745

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

Registration District No. 106 File No. 82598

Primary Registration District No. 2184 Registered No. 41

FULL NAME OF CHILD Esther Marigetta Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 8 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Ed Curtis	Lena Loretta Gunkle
RESIDENCE	Harpster	Harpster
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Address Stites Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 7 1920

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1947

252-219-26-314

Form V. S. No. 11—25m-6-18

PLACE OF BIRTH

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

BUREA[redacted]ISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82599

Primary Registration District No. 2176 Registered No. 153

Full Name of Child Grey Sessions

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	6-19-20

FATHER		MOTHER	
FULL NAME	Albert R Sessions	FULL MAIDEN NAME	Mildred Campbell
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 240 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S. Moody

(Physician or ~~midwife~~)

Address Menan

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/10 1920 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-14-18

[redacted]

PLACE OF BIRTH

FEB 14 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-220-

PLACE OF BIRTH

026815

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-19

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82600

Primary Registration District No. 2176 Registered No. 154

Full Name of Child Maxine Bailey

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: 6-20 (Month) (Day) 1920 (Year)	

FATHER		MOTHER	
FULL NAME	Arthur H Bailey	FULL MAIDEN NAME	Anna Hanson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	W. Va	BIRTHPLACE	W. Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or ~~midwife~~)

Address Menan

Filed 9/10 1920 Ray H Fisher Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

AHO
STATISTICS
OF BIRTH

File No. 82000

No.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10 13 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 82600

County of Ada } Date Filed

OCT 13 3 48 PM '72

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bailey (Name on Original Certificate) who was born (Was Born or Died) on June 20, 1920 (Date of Event)

in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Bailey	Maxine Bailey

Subscribed and sworn to before me this 13th day of October 1972

Glenda MacPherson

Notary Public, residing at Boise

My commission expires September 15, 1976 gml.

(Seal)

Signed Dorothy L. Matt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

103 Warm Springs Ave

(Street Address, City, State) Boise Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

1 copy paid Rec. # 03676 10 13 72

OCT 1 6 1972

Roberts High School Diploma May 19,1338 Roberts, Idaho gives name as Maxine Bailey (V) signed by City Supt. of Schools.
Viewed by VS

Own childs birth certificate Kathryn Ann Tobin born Dec. 11, 1949 in Idaho Falls, Idaho. State file No. 49-14771 gives mothers name as Maxine Bailey.

Viewed by VS

493-115-026-259

Form V. S. No. 11--25m-4-15-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. _____ St.

Hospital _____

Registration District No. 98 File No. 82602

Primary Registration District No. 2176 Registered No. 157

Full Name of Child Ralph Miller

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	Aug 15 20

	FATHER	MOTHER
FULL NAME	Robt. E. Miller	FULL MAIDEN NAME Hazel A Kerr
RESIDENCE	Swan Valley	RESIDENCE same
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Iowa
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report.

..... 19.....

Filed 9/10 19 20 Ray H Fisher

Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264104-E26-113

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Labelle

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82603

Registered No. 158

Full Name of Child Joseph Elwin Southworth

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E Southworth	FULL MAIDEN NAME	Eliza A Jackson
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	W AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.15 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Ririe

Filed 9/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/18/44

999-214-026-266

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. 82604

Registered No. 15[illegible]

Full Name of Child Marjie Ririe

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Aug 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Ririe	FULL MAIDEN NAME	Viola M. Bowker
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho -	BIRTHPLACE	Idaho -
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Ririe

Filed 9/10 1920 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1967

639-128-026-319

PLACE OF BIRTH

County of Jefferson

City of Rirlie

No. _____ St.

Hospital _____

[redacted] U. S. No. 11—[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82605

Primary Registration District No. 2176 Registered No. 161

Full Name of Child Howard Allen Flint

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births):	and Number in order of birth:	Legitimate? Yes	DATE OF BIRTH: July 28 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick Flint	FULL MAIDEN NAME	Emma Ellen LaRue
RESIDENCE	Lone Pine	RESIDENCE	Lone Pine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price (Physician or ~~midwife~~)

Address Rirlie

Filed 9/10 19 20 Raylff Fisher Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MET-27-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513209.026 469

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82606

Primary Registration District No. 2176 Registered No. 162

Full Name of Child Noreene Nalder

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	Aug 9 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred J. Nalder	Elizabeth Morgan
RESIDENCE	Rigby	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price

(Physician or midwife)

Address Ririe

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/10 1920 Ray H Fisher Registrar

[redacted]

MAY 8 1942

Registered No. 162

296-215-016-128

Form V. S. No. 11-C--25m-7-21-19

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 119 File No. 82608

No. ..... St.

Hospital At home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ELNORA ELDA BROADHEAD

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Carl Broadhead	FULL MAIDEN NAME	Lillian Eliza Asher
RESIDENCE	Albion, Idaho	RESIDENCE	Albion Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Heber Cy Utah	BIRTHPLACE	Albion Idaho
OCCUPATION	Farmer & Stock grower	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Satin M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address ~~Albion~~ Malta Idaho

Filed Sept 8 1920 C I Satin

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. NOV 2 1942 Certificate No. 82608

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Elnora Elda Broadhead

Subscribed and sworn to before me this 29 day of October, 1942

H M Kraxberger

Notary Public, residing at .....

My commission expires My Commission expires June 26, 1945

(SEAL)

Signed Lena Evans

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.

County of Larimer }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 138, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of October, 1942

H M Kraxberger

Notary Public, residing at .....

My commission expires My Commission expires June 26, 1945

(SEAL)

Signed L. W. Evans

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 4 1942

843-122-016-915

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital At Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 82609

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 22 1920

FATHER		MOTHER	
FULL NAME	David W Hutcheson	FULL MAIDEN NAME	Estella R. Ransom
RESIDENCE	Malta Idaho	RESIDENCE	Malta - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Cleveland Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

(Signature) C D Bates M.D.

(Physician or midwife)

Address Malta Idaho

Filed Sept 8 1920 C D Bates
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

719-203-016-213

PLACE OF BIRTH

County of Bingham

City of Heyburn

No. ____ St.

Hospital At Home

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 82610

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD RUBY ELAINE PARR

Sex of Child: Female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: July 3 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry D Parr	FULL MAIDEN NAME	Laura A Ballerton
RESIDENCE	Heyburn Idaho	RESIDENCE	Heyburn Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minnesota	COLOR	White
OCCUPATION	Farmer	BIRTHPLACE	Washington
		AGE AT LAST BIRTHDAY (Years)	22
		OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Baker M D

(Physician or midwife)

Address Malta, Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Sept 8 1920 C I Baker

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 82610

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ruby Elaine Parr (Birth or Death)
for Parr's birth (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1920 (Date of Event)
in Heglar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Barr	Parr
Name	Unnamed	Ruby Elaine Parr

Henry D. Barr on certificate should be changed to Henry D. Parr

Subscribed and sworn to before me this 6th day of July, 1942

Notary Public, residing at Albion, Idaho

My commission expires Jan. 10, 1943
(Seal)

Signed C. J. Suter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albion Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of July, 1942

Notary Public, residing at Albion Idaho

My commission expires Jan. 10, 1943
(Seal)

Signed John Batterton
(Signature of Any Credible Person Other Than Previous Year)

Heglar, Idaho
(Street Address, City, State)

MAR 18 1963

259-107-016-819 Added child's name 11-17-94 ms

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 82611 XX

Primary Registration District No. 2194 Registered No. 6

FULL NAME OF CHILD Keim JAY WILLIAM KEIM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Aug 7 1920

FATHER		MOTHER	
FULL NAME	Mr Keim	FULL MAIDEN NAME	Maud Haight
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F O Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Oakley Idaho

Filed 9/20 1920 H F O Nielson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 6 1994

10-26-94

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 82611
Date Filed SEP. 20, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Keim (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 7, 1920 (Date of Event)

in Oakley (Cassia) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Keim	Jay William Keim

Subscribed and sworn to before me this 26th day of October, 1994.

Notary Public, Mary Schneider
Residing at Boise Idaho
My commission expires 12-16-2000
(Seal)

MARY SCHNEIDER
NOTARY PUBLIC
STATE OF IDAHO

X Jay W Kemi
Signature of Applicant

X 2541 Kent Drive #1 Sac. Ca 95821
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 1 7 1994

Honorable Discharge from the United States Navy states that Jay William Keim was Honorably Discharged from the Navy Dec. 13, 1945 viewed VS.

State of California Marriage Certificate shows that Jay William Keim and May Irene were married April 13, 1957 viewed VS.

343-201-016-851

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 82612

Primary Registration District No. 2199 Registered No. 7

FULL NAME OF CHILD Thelma Tuttle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		ye	Aug (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Howard Tuttle	FULL MAIDEN NAME	Esther Yeaman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 53 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nielson
(Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept 20 1920 N. F. O. Nielson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1966

OCT 15 1964

263-116-016-994

Form V. S. No. [redacted]

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 12 File No. 82073

Primary Registration District No. 217 Registered No. 8

FULL NAME OF CHILD Ridd James Solomon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	August 16 1920

FATHER		MOTHER	
FULL NAME	Arthur M. Solomon	FULL MAIDEN NAME	May Evelyn Ridd
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ford Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains, M.D.

(Physician ~~or midwife~~)

Address Oakley, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 22 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-20-1941. dp

MAR 2 1942

MAR 10 1965

NOV 15 1971

819-121-016-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 82614

Primary Registration District No. 2199 Registered No. 9

FULL NAME OF CHILD Joseph Wilson Harper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Seth F. Harper	FULL MAIDEN NAME	Lillian Mary Wilson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept 20 1920 A. F. O. Nielson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Information taken from baptismal record sent in for idenfification, Apr. 25, 1941.

c.c. 4/28/41. w.h.

DEC 2 1 1943

MAR 28 1951

635·130-018-315

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 82615

Primary Registration District No. 2168 Registered No. 51

FULL NAME OF CHILD Keith Clayton Fleming

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 30 1920

FATHER		MOTHER	
FULL NAME	Thomas Fleming	FULL MAIDEN NAME	Lottie Lane
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Sept 1 1920 J. M. Faith Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 20, 1940. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-113-
PLACE [redacted]
017-257

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82617

County of Clark

City of Dubois PO Registration District No. 125 File No.

No. ____ St. Primary Registration District No. 2203 Registered No.

Hospital Home

FULL NAME OF CHILD Harry Grant Hinckley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	8 13 1920

FATHER		MOTHER	
FULL NAME	Ira Nathaniel Hinckley	FULL MAIDEN NAME	Emma Keppner
RESIDENCE	Clark Co. Dubois PO	RESIDENCE	Clark Co. Dubois PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Howard Young

Physician (Physician or midwife)

Address Dubois, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 8 1920

C E Jones M D Registrar

S-Y-CO 38071

355-104-07-386

PLACE OF BIRTH

AMENDED MARCH 31, 1954

County of Clark

City of Spencer

No. _____ St.

Hospital _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 82618

Primary Registration District No. 2203 Registered No. _____

FULL NAME OF CHILD Verlyn Lee

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	August 4, 1920

What bacterieidal solution was used in eyes? _____

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Alfred Lee	FULL MAIDEN NAME: Dora E. Thompson
RESIDENCE: Spencer	RESIDENCE: Spencer
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) H. Howard Young

Physician (Physician or midwife)

Address Dubois, Idaho

Filed Aug. 25, 1920 C. E. Jones Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 31 1954
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Blaine } ss.

Certificate No. 82618

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Verlyn Lee (Name on Original Certificate) who was born (Was Born or Died) on 8 - 4 - 1920 (Date of Event)
in Spencer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Female	Male

Subscribed and sworn to before me this 29th day of March, 19 54.

L. K. Van Pelt
Notary Public, residing at Triumph, Idaho.
My commission expires March 1, 1956
(Seal)

Signed Doris Ellen Shearer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother Triumph, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Blaine } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 19 54.

L. K. Van Pelt
Notary Public, residing at Triumph, Idaho.
My commission expires March 1, 1956
(Seal)

Signed Richard Shearer
(Signature of Any Credible Person)
Triumph, Idaho.
(Street Address, City, State)

DPH 52.155

791-20-017-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125

File No. 82619

No. ____ St.

Primary Registration District No. 2203

Registered No. ____

Hospital ____

FULL NAME OF CHILD Elmer Dovid Grant

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	8 20 1920

FATHER		MOTHER	
FULL NAME	Elmer O. Grant	FULL MAIDEN NAME	Mary E. Thompson
RESIDENCE	Argora P.O.	RESIDENCE	Argora P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Howard Young
Physician
(Physician or midwife)

Address Dubois, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 25 1920

E E Jones M.D.
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1956

APR 28 1943

815-126-017-252

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Registration District No. 125

File No. 82620

Primary Registration District No. 2203

Registered No. .....

FULL NAME OF CHILD George Robert Hankins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William L Hankins	FULL MAIDEN NAME	Ruby E Best
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Colo
OCCUPATION	Mang Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

C E Jones M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Dubois Idaho

Filed Aug 26 1920

C E Jones M D
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-126-017-754

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-27

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital D. D. Jones'

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 125 File No. 82621

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD ..... Earl Carlisle Main Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 26 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl C Main	Christine M Pedersen
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	21
BIRTHPLACE	Illenois	Denmark
OCCUPATION	Sheriff-Clark Co	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 8:15 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Aug 26 1920

C E Jones M D

Registrar

JUN 13 1942

238-215-017-385

Form V. S. No. 1-C—25m-6-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125

File No. 82622

No. ..... St.

Primary Registration District No. 2203

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Marie Schindler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 15 1926

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Carl Schindler	Matilda Theissen
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Neb	Illinois
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive) at 10:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Jones M.D.

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 15 1926

C. E. Jones M.D.

Registrar

84

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

AUG 16 1974

286-108-017-219

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Clark

City of Winsper

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 125 File No. 82623

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Jordan Clayton Shoemaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Shirley B Shoemaker	FULL MAIDEN NAME	Ethel Q Bare
RESIDENCE	Winsper PO	RESIDENCE	Winsper PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N C	BIRTHPLACE	N C
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 1:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Dubois Idaho

Filed Aug 8 1920 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-211-013-462

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. ____ St.

Hospital ____

Registration District No. 58th

File No. 82624

Primary Registration District No. 2138

Registered No. ____

FULL NAME OF CHILD Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Aug. 11 1920.

FATHER		MOTHER	
FULL NAME	Ray A. Jones	FULL MAIDEN NAME	Belle Mosier
RESIDENCE	Fairfield, Idaho.	RESIDENCE	Fairfield, Idaho.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:00 a. M. on the date above stated.

(Signature) I Wilencheck

Physician

(Physician or midwife)

Address Fairfield, Idaho.

Filed Aug. 18 1920 I Wilencheck
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-117-013-495

PLACE OF BIRTH

County of Canas

City of Fairfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 58th File No. 82625

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Billy Elwood Boyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			Yes.	Aug. 17 1920

FATHER		MOTHER	
FULL NAME	Charles Boyer	FULL MAIDEN NAME	Bertha May Mink
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4⁰⁰ P. M. on the date above stated.

(Signature) L Wilencheck

Physician (Physician or midwife)

Address Fairfield, Ida.

Filed Aug. 18 1920 L Wilencheck Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MAR 31 1949

JUL 28 1955

249-202 1019-415

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76 File No. 89 82626

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Ida Grace Surman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	8-2 1920

FATHER		MOTHER	
FULL NAME	A. W. Surman	FULL MAIDEN NAME	Ida Daniels
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mont.	BIRTHPLACE	Idaho
OCCUPATION	Plumber	OCCUPATION	H Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Farrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Ida.

Registrar

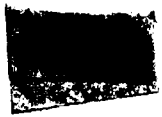
Filed Sept. 17 1920 Rose Nowacki

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 22 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-127-019-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 76

File No. 80 82627

Primary Registration District No. 2153

Registered No. .....

FULL NAME OF CHILD James Oliver Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 27 1920

FATHER		MOTHER	
FULL NAME	Oliver F. Lee	FULL MAIDEN NAME	Mary E. Mackenson
RESIDENCE	Carey, Idaho	RESIDENCE	Carey, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho - Dwyer Co.	BIRTHPLACE	Kansas -
OCCUPATION	Rancher	OCCUPATION	Hwife -

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) F. P. Richards -

(Physician or midwife)

Address Mackay - Ida

Filed Sept. 17 1920 Rose Nowacki

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MAY 4 1954

296-128-019-243

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82628

County of Custer

City of Clayton

No. ..... St.

Hospital .....

Registration District No. 76 File No. 79

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Eugene Bradshaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos Bradshaw	FULL MAIDEN NAME	Sadie M Sullivan
RESIDENCE	Clayton Ida.	RESIDENCE	Clayton.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38. (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Jamett M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Ida.

Filed Sept. 17 1920 Rose Nowacki

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-222-019-619

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82629

Registration District No. 76 File No. 78

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Nina Larocque

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7—22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. C. Larocque	FULL MAIDEN NAME	Dacia M Warren
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Farrell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay Ida.

Registrar

Filed Sept. 17 1920 Rose Nowacki Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 1 8 1973

815-112-019-386

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Mackay.

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 82630

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Addison Perle Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Ye.	7-12-1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Addison Hansen	Alice Thomas.
RESIDENCE	Mackay.	Mackay.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Mont.	Ida.
OCCUPATION	Farmer.	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn) on the date above stated. at 12 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. H. Farnell M.D.

(Physician or midwife)

Address Mackay Ida.

Filed Sept 17 1920 Rose Novacek Registrar

OCT 1 3 1942

819208-019-962

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 782631

Primary Registration District No. 2153 Registered No. .....

FULL NAME OF CHILD Elizabeth Louise Hardman

Sex of Child female. | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes. | Date of Birth 7 (Month) 8 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME J. S. Hardman	FULL MAIDEN NAME Claire Rose,
RESIDENCE Mackay.	RESIDENCE Mackay
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Am alive (Born alive or stillborn), at 5 P M. on the date above stated.

(Signature) W. A. Farnell M.D.

(Physician or midwife)

Address Mackay Idaho

Filed Sept 17 1920 Rose Nowacki Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

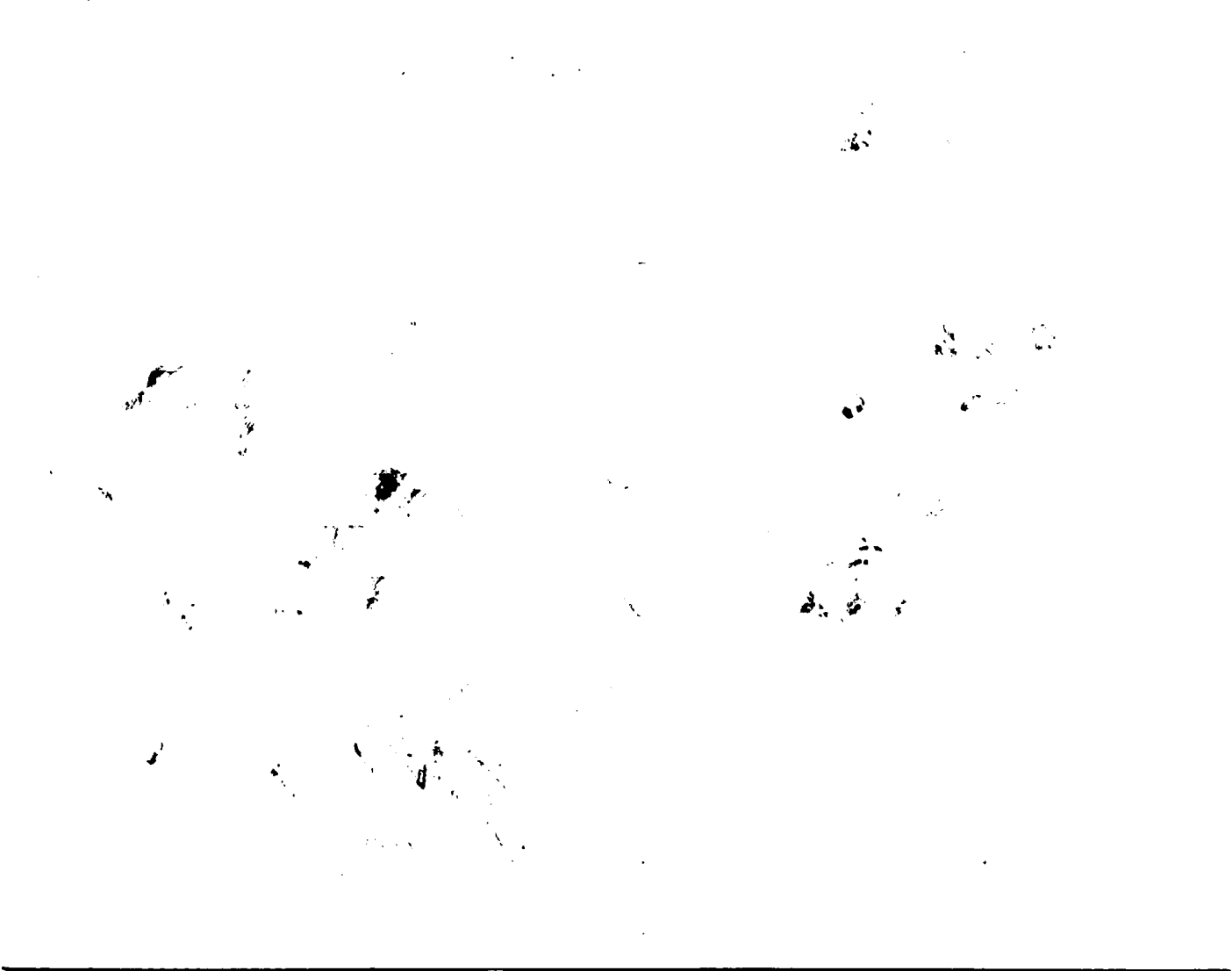
..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



864/101-026-385

[redacted]

Form V. S. No. 11—25m-6-15-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82632

Primary Registration District No. 2176 Registered No. 164

Full Name of Child Karl Theurer Homer

SEX OF CHILD: M	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Aug (Month) 1 (Day) 20 (Year)	

FATHER		MOTHER	
FULL NAME	John M. Homer	FULL MAIDEN NAME	Leone E. Theurer
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F. Price

(Physician or ~~midwife~~)

Address Ririe

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 10 1920 Ray H Fisher

Registrar

[redacted]

MAR 9 1942

MAR 17 1942

795-227-016-533

Form V. S. No. 11—25m-6-18-18

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 82641

Registered No. 143

Full Name of Child Dorothy Greenwood

SEX OF CHILD	Twin, triplet, or other (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) 19 (Year)
F		Yes	Aug 27 20

FATHER		MOTHER	
FULL NAME	Orson Greenwood	FULL MAIDEN NAME	Lydia Ellsworth
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 ... Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 a M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or ~~midwife~~)

Address Rigby

Filed 9/10 19 20 Ray H Fisher Registrar

Given names added from a supplemental report.

..... 19.....

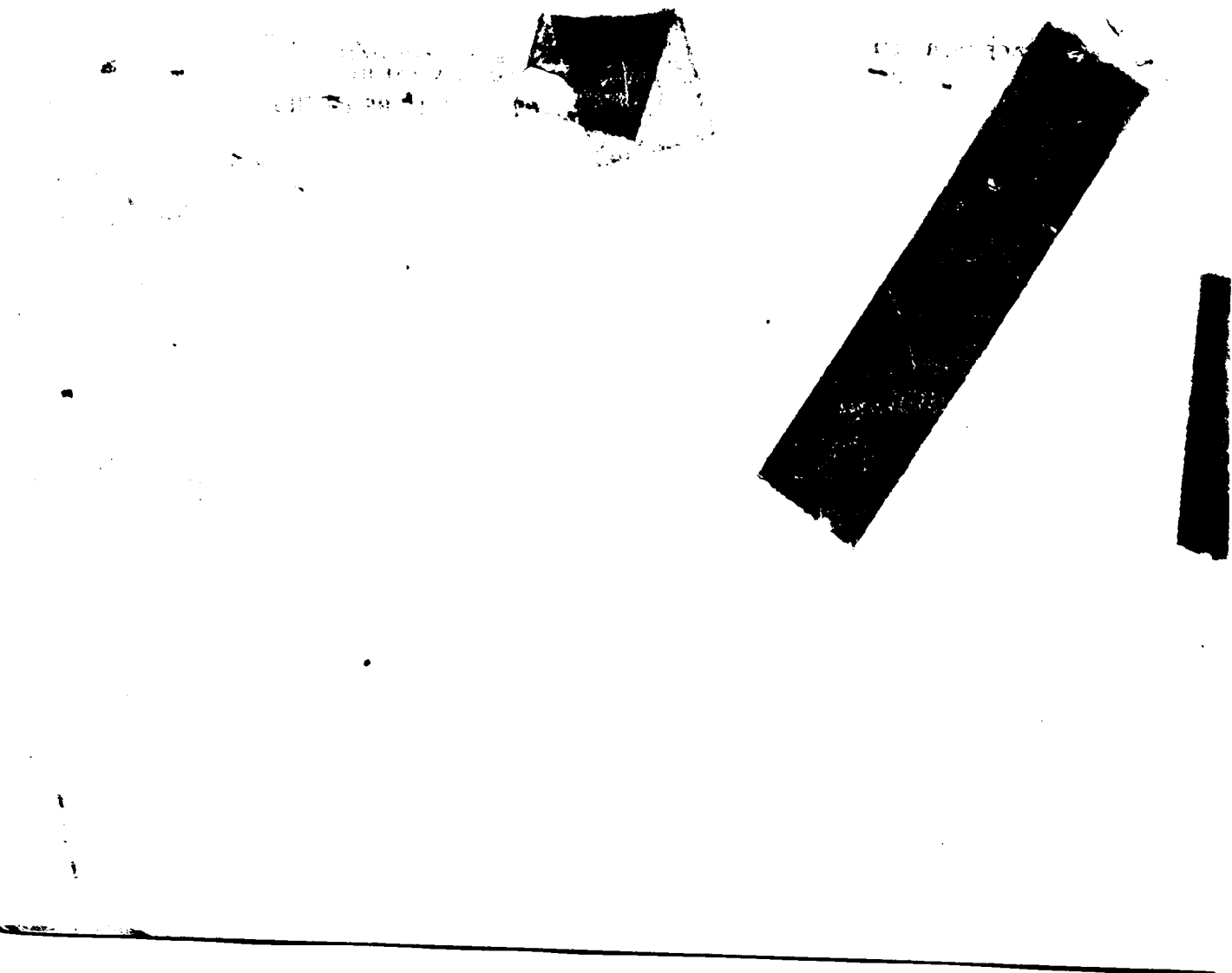
..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson

JUL 14 1945

Certificate No. 82641

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Dorothy Greenwood (Name on Original Certificate) who was born (Was Born or Died) on Aug. 27 - 1920 (Date of Event) in Rigby Idaho (Place of Event). are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism certificate (Bible Record, Insurance Policy, Etc.) prepared on July 7, 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Grennwood

Subscribed and sworn to before me this 9th day of July, 1945.

Notary Public, residing at Rigby Idaho

My commission expires April 7-1947
(Seal)

Signed Lydia Greenwood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RT 02 - Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1945.

Notary Public, residing at Rigby Idaho

My commission expires April 7-1947
(Seal)

Signed Gladys G Assemian
(Signature of Any Credible Person Other Than Previous Year)

1920 Malcolm Ave L.A.
(Street Address, City, State) Calif.

JUL 16 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

751-116 02 6 1969

County of Jefferson

City of Labelle

No. _____ St.

Hospital _____

V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82642

Primary Registration District No. 2176 Registered No. 144

Full Name of Child MERLE MORGAN PEARSON

SEX OF CHILD: M | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | DATE OF BIRTH: Aug 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. A. Pearson	FULL MAIDEN NAME	Grace Morgan
RESIDENCE	Labelle	RESIDENCE	same
COLOR	W	AGE AT LAST BIRTHDAY (Years)	39
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	MALMO, Swed. SWEDEN	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Address Rigby

Filed 9/10 1920 Ray H Fisher
Registrar

Given names added from a supplemental report.

_____ 19____

_____
Registrar

412-127-026-622

PLACE OF BIRTH

County of Jefferson

City of Rugby

No. _____ St.

Hospital _____

BUREAU OF [illegible]

CERTIFICATE OF [illegible]

Form [illegible]

Registration District No. 98

File No. 82643

Primary Registration District No. 2176

Registered No. 145

Full Name of Child RALPH WILLIAM MASSENGALE

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: May 27 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred Massengale	FULL MAIDEN NAME	Kate Osborne
RESIDENCE	Rugby	RESIDENCE	Rugby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or ~~midwife~~)

Address Rugby

Filed 7 10 1920 Ray H Fisher

Registrar

Given names added from a supplemental report.

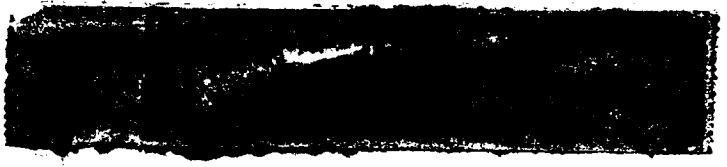
19 _____

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. [redacted]
Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Ralph William Wasemple (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 27, 1920 (DATE OF EVENT)
in Rigby, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	?
birthdate	May 28, 1920	May 27, 1920

Subscribed and sworn to before me this 17
day of April, 19 42.

Notary Public, residing at Rigby, Idaho.
My commission expires 10-21-44
(SEAL)

Signed Mrs Lorel Wasemple
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rexburg, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR

212-105-026-264

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

[redacted]AHO
BUR[redacted] STATISTICS
[redacted] BIRTH

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

Registration District No. [redacted]

Primary Registration D[redacted]176

File No. 82644

Registered No. 146

Full Name of Child Shizu[redacted] Sakato

SEX OF CHILD m	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	U. Sakato	FULL MAIDEN NAME	Kame Somemura
RESIDENCE	Rigby	RESIDENCE	same
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Rigby

Filed 9/10 1920 Ray H. Fisher

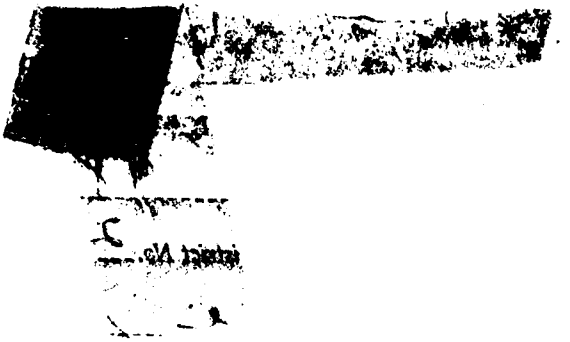
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 7 1949

DOE OC-10-86092

346-203-026-613

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Annis

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. 82645

Registered No. 147

Full Name of Child Katie Lufkin

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: July 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Lufkin	FULL MAIDEN NAME	Katie Watson
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Nevada	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

356-22-026-819

PLACE OF BIRTH

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82646

Primary Registration District No. 2176 Registered No. 148

Full Name of Child _____

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Aug 29 20

FATHER		MOTHER	
FULL NAME	Wilford Lewis	FULL MAIDEN NAME	Myrtle Harrop
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby

Filed 9/10 19 20 W. J. Rayl Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-110-026-363

PLACE OF BIRTH

County of Jefferson

City of Idabelle

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82[illegible]

Primary Registration District No. 2176 Registered No. 149

Full Name of Child Laurence William Gallup

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	Yes
DATE OF BIRTH	July 10 (Month) (Day)	20 (Year)			

FATHER		MOTHER	
FULL NAME	J. L. Gallup	FULL MAIDEN NAME	Lavon Coles
RESIDENCE	Antelope	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or ~~midwife~~)

Address Ruby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/16 19 30 J. Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 5 1944

DECEASED

192-105-026-157

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville Registration District No. 98 File No. 82648

No. ____ St. Primary Registration District No. 2176 Registered No. 150

Hospital ____

Full Name of Child ____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	6-5

FATHER		MOTHER	
FULL NAME	Alvin Aiken	FULL MAIDEN NAME	Eleanor Angus
RESIDENCE	Lewisville	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Menan

Filed 9/10 19 20 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-311569

766-206-026-469

PLACE OF BIRTH amended Feb.15,1980

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. 82649

Registered No. 151

Full Name of Child Varona Poole

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ralston B. Poole	FULL MAIDEN NAME	Alfretta Morgan
RESIDENCE	Menan	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Menan

Filed 9/10 1920 Ray H Fisher Registrar

N. B.—In case of more than one child at birth, a separate ... of each, in order of birth stated.

FEB 2 6 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82649

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Poole (female) (Name on Original Certificate) who was born (Was Born or Died) on June 6, 1920 (Date of Event)
in ANNIS. ~~Menan~~, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism + Confirmation (Bible Record, Insurance Policy, Etc.) prepared on aug 4, 1928 and Aug 5. 1928 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Varona Poole

Subscribed and sworn to before me this 8 TH day of
OCTOBER, 1976

Arnold J Dana

Notary Public, residing at BLACKFOOT
My commission expires 31 July 1979
(Seal)

Signed Gloria M Poole
Ellie M. Poole Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 2 Box 313 Blackfoot Idaho 83221
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 7/26/76

Own child's birth registration lists mother as Varona Poole. Alan Brent Caldwell, born December 17, 1943, in Blackfoot, Idaho, S.F.#383655
viewed by vs Feb. 15, 1980

Marraige record lists name as Varona Poole and is dated November 23, 1938, Bingham County, Idaho.
viewed by vs Feb. 15, 1980

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

514 213 or 2266

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

Registration District No. 98 File No. 82650

No. ____ St.

Primary Registration District No. 2176 Registered No. 152

Hospital ____

Full Name of Child Betty Eames

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	6-13 20

	FATHER	MOTHER
FULL NAME	John W. Eames	FULL MAIDEN NAME Leota Rookel
RESIDENCE	Menan	RESIDENCE Menan
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Idaho	BIRTHPLACE Missouri
OCCUPATION	Teacher	OCCUPATION Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Moody

(Physician or ~~midwife~~)

Address Menan

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/10 19 20 Ray H. Fisher Registrar

AUG 21 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 21 9 30 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 82650

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Eames (female) (Name on Original Certificate) who was born (Was Born or Died) on June 13, 1920 (Date of Event)

in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Betty Eames

Subscribed and sworn to before me this 13 day of September, 1976

Emma C. Lunderson

Notary Public, residing at Menan, Idaho

My commission expires 2-1-79

(Seal)

Signed William L. Eames

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte # 1 Menan Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of September, 1976

Emma C. Lunderson

Notary Public, residing at Menan, Idaho

My commission expires 2-1-79

(Seal)

Signed Robert W. Eames

(Signature of Any Credible Person)

RT # 1 Menan Idaho

(Street Address, City, State)

CL 8/21/75

FORM DH 60-155

Certif of Baptism and Confirmation from the LDS Church gives name as Betty Eames daughter of John Wesley Eames and Leota Luella Konkel born June 13, 1920 at Menan, Idaho. Baptized May 7, 1938. viewed by V. S. OCT 1976

Insurance policy from Service Life Ins co, of Omaha, gives name as Betty E. ~~Scott~~ Scott dated Feb 1, 1971. policy No. 858748. viewed by V. S.

617-213-026-449

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Perry

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82651

Registered No. 132

Full Name of Child Gail Wages

SEX OF CHILD: F	Twin triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Mch 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Wages	FULL MAIDEN NAME	Coral Durrant
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed 9/10 1920 Roy H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3.19-103-026-819

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 32652

Primary Registration District No. 2176 Registered No. 133

Full Name of Child Ralph Carlyle Carter

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	March 3 20

	FATHER	MOTHER
FULL NAME	Ralph Carter	FULL MAIDEN NAME Dove Harkness
RESIDENCE	Rigby	RESIDENCE Rigby
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Georgia
OCCUPATION	Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 16 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Filed 9/10 1920 Ray H Fisher

Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-110-026-466

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

File No. 82653

Primary Registration District No. 2176

Registered No. 134

Amended 7/24/81

Hospital

Full Name of Child Aden Kay Thornock

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: June 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aden W. Thornock	FULL MAIDEN NAME	Lucile Moffatt
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 24 19

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
RECORDS OF VITAL STATISTICS
J 2 24 PM '81

State of _____ } ss.
County of _____

Certificate No. 82653
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thornock (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 10, 1920 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Aden Kay Thornock
mother's name	Lucile Moffett	Lucille Moffat

Subscribed and sworn to before me this 15th day of April, 1981.
Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Joe A. Kennedy
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Nephew in office 4-15-81

Family record gives name of child as Aden Kay Thornock born June 19, 1920, in Rigby, Idaho, to Aden Woodruff Thornock and Lucille Jessie Moffat. Family record recorded June 15, 1951.

Viewed by V.S.

A sister's certificate on file with Vital Statistics, Boise, Idaho, gives name as Lucille Moffat mother of Lois Ann Thornock. Lois born June 20, 1927. Viewed by V.S.

314-229-026-553

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82654

Registered No. 135

Full Name of Child .....

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: May 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jonathan C. Campbell	FULL MAIDEN NAME	Elizabeth Vellet
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed 9/10 1920 Ray H. Fisher, Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

County of

Registration District N

Date No. 82654

Registered No. 135

(Month) (Day) (Year)

AT LAST BIRTHDAY (Years)

including present birth

at M

Registrar

318-207-026-386

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital Dabelle

Registration District No. 98

Primary Registration District No. 2176

File No. 82655

Registered No. 136

Full Name of Child .....

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH June 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira Taylor	FULL MAIDEN NAME	Hilda Thorton
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-127-026-293

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

File No. 82656

Primary Registration District No. 2176

Registered No. 137

Hospital .....

Full Name of Child .....

SEX OF CHILD: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: 6 (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Orvis J Call	FULL MAIDEN NAME	Hazel Kite
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-120-026-363 CHILDS NAME ADDED 10-29-07 DHS

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82657

Registered No. 138

Full Name of Child CHARLES HOWARD HENRY

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH June 20 19 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edw. J. Henry	FULL MAIDEN NAME	Nora Coles
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19 ...

Registrar

Address Rigby

Filed 9/10 19 20 Ray H Fisher, Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 29 1967

RECEIVED
OCT 2 9 2017

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 20-82657

Date Filed September 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for baby boy Henry (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 20, 1920 (Date of Event)

in Rigby (Jefferson Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unlisted	Charles Howard Henry

Subscribed and sworn to before me this 26th day of Oct 2007.

Notary Public, Daniel Jose

Residing at Rigby Idaho

My commission expires Oct 06, 2012
(Seal)

DANIEL JOSE NOTARY PUBLIC RIGBY, IDAHO

X Charles H Henry
Signature of Applicant

274 N 3rd E Rigby ID 83440
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of _____ } SS
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

10-25-07

CERTIFICATE OF BAPTISM AND CONFIRMATION FOR CHARLES HOWARD HENRY, BORN 6-20-20 IN RIGBY, ID BAPTIZED 6-30-28 AND CONFIRMED 7-1-28. VIEWED BY VS

ID MARRIAGE LICENSE FOR CHARLES HOWARD HENRY AND ROSE CAMPBELL, MARRIED 3-9-49 IN IDAHO FALLS, ID VIEWED BY VS

398-107-026-155

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82658

Primary Registration District No. 2176 Registered No. 139

Full Name of Child Golden Ray Crystal

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	Apr 1 1920

	FATHER	MOTHER
FULL NAME	David R. Crystal	FULL MAIDEN NAME Ivy M Jensen
RESIDENCE	Garfield	RESIDENCE Garfield
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years) 27
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F. Call

(Physician or ~~Midwife~~)

Address Rugby

Filed 9/10/20 Ray H Fisher
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356224-026-693

PLACE OF BIRTH

County of Jefferson

City of Garfield

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82659

Primary Registration District No. 2176 Registered No. 140

Full Name of Child _____

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	Yes
DATE OF BIRTH	May 24 (Month) (Day) 19 20 (Year)				

FATHER		MOTHER	
FULL NAME	Ralph Leonard	FULL MAIDEN NAME	Mable Williams
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 50 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary G. Stoddard

(Physician or midwife)

Address Rigby R. 1

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/10 19 20 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-122-026-819

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 98 File No. 82660

No. ____ St.

Primary Registration District No. 2176 Registered No. 141

Hospital ____

Full Name of Child Eric Lamar Erickson

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	3 (Month)	22 (Day)	20 (Year)		

FATHER		MOTHER	
FULL NAME	Elnor Erickson	FULL MAIDEN NAME	Eunice Harmon
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyo.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Address Rigby

Filed 9/10 20 Ray H. Fisher
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1957

897-128-026-135

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Kirie

No. _____ St.

Hospital _____

Registration District No. 98

Primary Registration District No. 2176

File No. 82661

Registered No. 122

Full Name of Child _____

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: July 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther M Higby	FULL MAIDEN NAME	Marian F Alvord
RESIDENCE	Kirie	RESIDENCE	Kirie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Call

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-122-026-363

Form V. S. No. 11—25m-6-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby #2

No. _____ St.

Registration District No. 98 File No. 82662

Primary Registration District No. 2176 Registered No. 123

Hospital _____

Full Name of Child Elmer Talley Sorensen

SEX OF CHILD	M	Twin, Triplet or other? (To be answered only in event of plural births) Twin	and Number in order of birth 1st	Legitimate? yes	DATE OF BIRTH July 22 (Month) (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Alma N. Sorensen	FULL MAIDEN NAME	Amy Ruth Talley
RESIDENCE	Rigby #2	RESIDENCE	Rigby #2
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 10 P M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Off. Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9 10 1920 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-122-026-363

PLACE OF BIRTH

County of Jefferson

City of Rigby #2

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82663

Primary Registration District No. 2176 Registered No. 124

Full Name of Child Alma Tolley Sorensen

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
M	Twin	2nd	yes	July 22 (Month) (Day) 20 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma M Sorensen	Amy Ruth Tolley
RESIDENCE	Rigby #2	Rigby #2
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Call

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/10 19 20 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-225-026-242

PLACE OF BIRTH

County of Jefferson

City of Labelle

No. _____ St.

Hospital _____

STATE OF IDA[redacted] V. S. No. 11—25m-6-18

BUREAU OF VITAL S[redacted]

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82664

Primary Registration District No. 2176 Registered No. 125

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Apr 25 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Delbert Morgan	Jessie Bush
RESIDENCE	Labelle	Labelle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/10 1926 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-210026-253

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

County of Jefferson

City of Menan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82665

Primary Registration District No. 2176 Registered No. 126

Full Name of Child _____

SEX OF CHILD	F	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	July 10 1920 (Month) (Day) (Year)				

FATHER		MOTHER	
FULL NAME	Harris T. Clement	FULL MAIDEN NAME	Millie Selck
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9/10 1920 Ray H. Fiske Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1975

335-103-026-318

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82666

Primary Registration District No. 2176 Registered No. 127

Full Name of Child Ray Linn

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births): Twin and	Number in order of birth: 1st	Legitimate? yes	DATE OF BIRTH: Apr 3 (Month) (Day) 19 20 (Year)	

FATHER		MOTHER	
FULL NAME	Thomas Clement	FULL MAIDEN NAME	Grace Taylor
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J Call
(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/10 1920 Ray H Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-203-026-718

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Lewisville

No. _____ St.

Hospital _____

Registration District No. 98 File No. 82667

Primary Registration District No. 2176 Registered No. 128

Full Name of Child Rhea Clement

SEX OF CHILD	F	Twin Triplet or other? (To be answered only in event of plural births)	Twin and 2nd	Legitimate?	yes
DATE OF BIRTH	Apr 3 '20 (Month) (Day) (Year)				

FATHER		MOTHER	
FULL NAME	Thomas Clement	FULL MAIDEN NAME	Grace Taylor
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/10 1920 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-228-026-345

Form V. S. No. 11—25m-6-18

PLACE OF BIRTH

County of Jefferson

City of Labelle

No. Amended 3/13/80 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 82660

Registered No. 130

Full Name of Child Emma Bernice Harrop

SEX OF CHILD: F	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate? Yes	DATE OF BIRTH: 3 (Month) 28 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	John Harrop	FULL MAIDEN NAME	Lillie Lundquist
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Call
(Physician or ~~midwife~~)

Address Rigby

Filed 9/10/20 Ray H. Teale
Registrar

Given names added from a supplemental report.

....., 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

AUG 14 1962

9/6/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 13 11 03 AM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 82669
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Emma Bernice Harrop (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 28,1920 (Date of Event)

in Labelle, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
~~Date~~	April 28, 1920	March 28, 1920

Subscribed and sworn to before me this 6th day of March, 1980.

Notary Public, Margaret Boyle

Residing at _____

My commission expires Lifetime

(Seal)

x Bernice H. Rice
Signature of Applicant

x Star Route, Box 226, Mesa, WA 99343
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 CC Pd.

Certificate of Baptism & Confirmation issued by Labele Ward, Idaho 11/4/1928 lists birth date of Emma Bernice Harrop as March 28, 1920. viewed by V.S.

MAR 3 1980

Insurance Policy issued by Sun Life Assurance Co. of Canada 1/16/42 in the name of Bernice Harrop gives date of Birth as March 28, 1920 . viewed by V.S. 3/13/80

244-29-026-295 name added 12-17-84 dl

Form V. S. No. 11—25m-6-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

Registration District No. 98 File No. 82670

Primary Registration District No. 2176 Registered No. 131

Full Name of Child Ray W. Summers

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Feb 29 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Summers	FULL MAIDEN NAME	Ivy Siepert
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-6-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

DEC 17 1984

Bureau of Vital Statistics

State of _____ } ss.
County of _____

Certificate No. 82670
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Summers (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 29, 1920 (Date of Event)

in Ririe (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ray W. Summers

Subscribed and sworn to before me this 14th day of December, 1984

Notary Public, Phillip W. Garn
Residing at Rexburg Idaho
My commission expires 10/85
(Seal)

x Ray W. Summers
Signature of Applicant

x Ririe S Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of December, 1984

Notary Public, Phillip W. Garn
Residing at Rexburg Idaho
My commission expires 10/85
(Seal)

Benjamin E. Summers
Supporting Signature

170 Silver W Rexburg, Idaho
Street Address, City, State

2cc lbc pd

DEC 17

Certificate of Baptism from LDS Church gives Ray W Summers son of Geo W summers and Ivy May Siepert born Feb 29, 1920 at Ririe and was baptised March 31, 1928. Viewed by V.S.

Certificate of Blessing from LDS Church gives Ray W Summers son of Geo Summers and Ivy May Siepert born Feb 29, 1920 was blessed April 4th 1920. Viewed by V.S.

569-11-026-556

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82671

Primary Registration District No. 2176 Registered No. 116

Full Name of Child Gilbert Newby Nordgran

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	March 11 1920

FATHER		MOTHER	
FULL NAME	J. H. Nordgran	FULL MAIDEN NAME	Ruth S. Newby
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Call

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 9/10 1920 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

339-197-276-249

County of Jefferson

City of Ririe

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82672

Primary Registration District No. 2176 Registered No. 117

Full Name of Child James Burch Clifford

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	Mch 7 1920

FATHER		MOTHER	
FULL NAME	Thos H. Clifford	FULL MAIDEN NAME	Edith M Burch
RESIDENCE	Ririe	RESIDENCE	Ririe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or Midwife)

Address Rigby Idaho

Filed 9/10 1920 J Ray Fisher
Registrar

Given names added from a supplemental report

..... 19....

.....
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for James Burch Clifford (Name on original certificate) who was born (Was born or died) on March 7, 1920, (Date of event)
in Nyrie, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by church records (Bible record, insurance policy, etc.) prepared on X at time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	"Baby" Clifford	James Burch Clifford

Subscribed and sworn to before me this 24th
day of June, 19 41.

Frank J. Lester
Notary Public, residing at Boise, Idaho
My commission expires Nov. 26, 1941
[SEAL]

Signed Edith M. Clifford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
(Mother) Rt. 2, Ontario, Oregon
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

6/24/41 Z.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-113-026-693

Form V. S. No. 11—25m-6-18-18

PLACE OF BIRTH

(Name added 12-1-82)

County of Jefferson

City of Rigby

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82673

Primary Registration District No. 2176 Registered No. 118

Full Name of Child Gale M Bramwell

SEX OF CHILD: M	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: July 13 (Month) (Day) 19 20 (Year)	

FATHER

FULL NAME: Heber M Bramwell

RESIDENCE: Rigby

COLOR: W AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Rodella Williams

RESIDENCE: Rigby

COLOR: W AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Utah

OCCUPATION: Milliner

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Call

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9/10 19 20 Ray H Fisher Registrar

11-23-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss.
County of _____ }

NOV 30 10 20 AM '82

Certificate No. 82673
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bramwell (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 13, 1920 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Gale M Bramwell

Subscribed and sworn to before me this 26th day of November, 1982.
Notary Public, Warren D. Sayer
Residing at Idaho Falls, Idaho
My commission expires Life.
(Seal)

Gale M Bramwell
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

lcc pd

Military Record and Report of Separation Certificate of Service gives Gale M Bramwell born July 13, 1920 at Rigby was discharged on 10-7-49. Viewed by V.S.

DEC 1 1982

Application to Beneficial Life Ins Co. gives Gale M Bramwell born 7-13-20 in Rigby, Idaho applied for Ins. Application dated 1-26-46. Viewed by V.S.

133-116-026-595

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Labelle

Registration District No. 98

File No. 82674

No. ____ St.

Primary Registration District No. 2176

Registered No. 119

Hospital ____

Full Name of Child Lynn Allen

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			yes	July 16 20

	FATHER	MOTHER
FULL NAME	James C Allen	FULL MAIDEN NAME Ellen Nielson
RESIDENCE	Labelle	RESIDENCE Labelle
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	51	46
BIRTHPLACE	Utah	BIRTHPLACE ~~Utah~~ Norway
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J Call

(Physician or ~~midwife~~)

Address Rigby, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/10 19 20 Ray H Fisher
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

755-107-026-793

~~PLACE~~ OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82675

Registered No. 120

Full Name of Child CLIFFORD LOWELL PENDLEY

SEX OF CHILD: M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: July 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jos A Pendley	FULL MAIDEN NAME	Mellie Gillmore
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby

Filed 1 10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California. } ss.
County of Los Angeles. }

Certificate No. 82175
Date Filed DEC 5 1941

The undersigned does solemnly swear that certain facts on the certificate of Clifford Lowell Pendley (Birth or death)
for Clifford Lowell Pendley. (Name on original certificate) who was born (Was born or died) on July-17th-1920 (1920.) (Date of event)
in Rigby Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
The correct name is		Clifford Lowell Pendley.

Subscribed and sworn to before me this 3rd day of December, 19 41.

Notary Public, residing at Lancaster,

My commission expires My Commission Expires February 20, 1944

[SEAL]

Signed Mrs. Mellie V. Pendley Mother
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)

Lancaster Calif Wilson Rt.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California. } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd, day of December, 19 41.

Notary Public, residing at Lancaster, Calif

My Commission Expires February 20, 1944

My commission expires My Commission Expires February 20, 1944

[SEAL]

Signed Mrs. Vivian Merriman
(Signature of any credible person other than the previous affiant)

Lancaster calif. Wilson Rt.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

713-217-026-819

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

County of Jefferson

City of Annis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82676

Primary Registration District No. 2176 Registered No. 121

Full Name of Child .....

SEX OF CHILD	F	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	Aug 17 (Month) (Day) 1920 (Year)				

FATHER		MOTHER	
FULL NAME	Leland B. Galbraith	FULL MAIDEN NAME	Bertha Harrop
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	AGE AT LAST BIRTHDAY (Years)	20
COLOR	W	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call (Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9 10 1920 Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-112-026-165

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

File No. 82677

Primary Registration District No. 2176

Registered No. 107

Full Name of Child Jack Ronald Johnson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) 19 (Year)
M			yes	6-17-20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester R. Johnson	Eleanor Jones
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Call

(Physician or midwife)

Address Rigby, Idaho

Filed 9/10 19 20

Given names added from a supplemental report

..... 19....

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

493-608-2176-557

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 82678

Registered No. 109

Full Name of Child JAMES BRICE MILLER

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		yes	7 — 8 — 20

FATHER		MOTHER	
FULL NAME	Melvin Miller	FULL MAIDEN NAME	Nancy Engle
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Call (Physician or midwife)

Address Rigby

Given names added from a supplemental report

....., 19....

Registrar

Filed 9/10 1920 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa } ss.
County of Fremont

Certificate No. 82678

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Brice Miller (Name on Original Certificate) who was born (Was Born or Died) on July 8, 1920 (Date of Event)
in Eight Mile Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	James Brice Miller
James Brice Miller	No Certificate	

Subscribed and sworn to before me this 10th
day of September, 1942.
Bird Barnes
Notary Public, residing at Fremont County, Iowa
My commission expires July 4, 1945
(Seal)

Signed: Merrin Miller Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa } ss.
County of Fremont

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of September, 1942.
Bird Barnes
Notary Public, residing at Fremont County, Iowa
My commission expires July 4, 1945
(Seal)

Signed Henry N Smith
(Signature of Any Credible Person Other Than Previous Year)

Hamburg, Iowa
(Street Address, City, State)

SEP 18 1942

JAN 12 1973

242-126-026-386

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82679

Registered No. 110

Full Name of Child Dale Thorne Bush

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 8 — 26 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. Henry Bush	FULL MAIDEN NAME	Sarah A Thorn
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 32 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1942

619-228-026-795

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 82680

Registered No. 111

Full Name of Child Velma Ramona Ward

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Aug 28 20

FATHER		MOTHER	
FULL NAME	Abram Ward	FULL MAIDEN NAME	Polly Prescott
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19....

..... Registrar

Filed 9/10 19 20 J. Ray H. Fisher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1962

AUG 25 1943

July 12 1965

Sep 8 1932

914-229-026-469

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Perry

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82681

Registered No. 112

Full Name of Child .....

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Aug 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel H. Radford	FULL MAIDEN NAME	Ada Morgan
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

736-62-026-619

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. [illegible] St

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 82682

Registered No. 113

Full Name of Child

SEX OF CHILD: M	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Aug 12 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Everett Glover	FULL MAIDEN NAME	Mary Farnsworth
RESIDENCE	Marysville	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Aug. 1920

Registrar

Z DR DID NOT SIGN

NOT

DUP OF 20-353560

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113 22-096-386

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98

Primary Registration District No. 2176

File No. 82683

Registered No. 114

Full Name of Child ____

SEX OF CHILD: F | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? yes | DATE OF BIRTH: 7 (Month) 29 (Day) 20 (Year)

FATHER

FULL NAME: Andrew M Jacobson

RESIDENCE: Ida Rigby

COLOR: W | AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Thompson

RESIDENCE: Rigby

COLOR: W | AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Arizona

OCCUPATION: Housewife

Number of child of this mother, including present birth: 7 Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Call

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report

..... 19....

Registrar

Filed 9/10 19 20 Ray H Fisher

Registrar

694-219-026-613

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82684

Registered No. 115

Full Name of Child Maida Ormsby

SEX OF CHILD: F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 8 (Month) - 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Cromwell L. Ormsby	FULL MAIDEN NAME	Maida S. Waters
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Student	OCCUPATION	Home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F Call

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed 9/10 1920 Ray H Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-209-
026-314

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 82685

Registered No. 173

Full Name of Child Nancy Ellen

SEX OF CHILD F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 6 (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm J. Price	FULL MAIDEN NAME	Ida Campbell
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address Rigby

Filed 9/10 1920 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 1 1942

OCT 21 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

553-19-026-168

County of Jefferson

City of Lorenzo

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82687

Primary Registration District No. 2176 Registered No. 108

Full Name of Child KENNETH LEVI NELSON

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		yes	7-1 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. D. Nelson	Emma Johnson
RESIDENCE	Lorenzo	Lorenzo
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 10 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Call

(Physician or ~~midwife~~)

Address Rigby Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed 9/10 19 50 Ray H Fisher

Registrar

JAN 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 82687
Date Filed 12-3-41

The undersigned does solemnly swear that certain facts on the certificate of ~~July 1st 1920~~ Birth (Birth or death)
for Kenneth Levi Nelson (Name on original certificate) who Was born (Was born or died) on July 1st 1920 (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church record (Bible record, insurance policy, etc.) prepared on July 1st 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Nelson	Kenneth Levi Nelson
Kenneth Levi Nelson		
July 1st 1920		

Subscribed and sworn to before me this 10th day of December, 1941
George M. Larsen
Notary Public, residing at Menan Idaho
My commission expires Dec. 12, 1943
[SEAL]

Signed N. Douglas Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
~~1265 Canal~~ Lorenzo, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December, 1941
George M. Larsen
Notary Public, residing at Menan Idaho
My commission expires Dec. 12 1943
[SEAL]

Signed Adrian O. Nelson
(Signature of any credible person other than the previous affiant.)
1265 Canal St. Idaho Falls Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

231-204-026-363

PLACE OF BIRTH

County of Jefferson

City of Rupert

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 82688

Primary Registration District No. 2126 Registered No. 156

Full Name of Child Mabel Blakeley

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			yes	Aug 4 1920

FATHER		MOTHER	
FULL NAME	Collin Blakeley	FULL MAIDEN NAME	Alice Collins
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M on the date above stated.

(Signature) Sam F Price

(Physician or ~~midwife~~)

Address Rupert

Filed 9/10 1920 Ray H Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1942

867-226-026-999

PLACE OF BIRTH

County of Jefferson

City of Ririe

No. _____ St.

Hospital _____

STATE C[redacted] Form V. S. No. 11—25m-6-15-18

BUREAU OF V[redacted]TICS

CERTIFICA[redacted]

Registration District No. 9[redacted] File No. 82689

Primary Registration District No. 2176 Registered No. 142

Full Name of Child Frances Hoggan

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) 19 (Year)
F			yes	July 26 20

	FATHER	MOTHER
FULL NAME	Ivan Hoggan	FULL MAIDEN NAME Elizabeth A Ririe
RESIDENCE	Ririe	RESIDENCE Ririe
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 30a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 9/10/19 26 Ray H Fisher Registrar

Given names added from a supplemental report.

_____ 19____

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH amended April 16, 1969

Form V. S. No. 11—Rev. 1-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

631-201-026-389 No. ____ St.

Registration District No. 98

File No. 82690

Primary Registration District No. 2176

Registered No. 95

Hospital ____

Full Name of Child EDITH OLAVESON

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	6 - 1 - 20

FATHER

FULL NAME Hans Olaveson

RESIDENCE Menan

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Norway

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Maud Christopher

RESIDENCE Menan

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. S. Moody

(Physician or ~~midwife~~)

Address Menan

Filed 6-10 1920 Ralph H Graham Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
APR 15 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 82690

Date Filed June 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edith Olaveson (Name on Original Certificate) who born (Was Born or Died) on June 1, 1920 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Maud Christophersen	Maud Christopherson
Name	Omitted	Edith Olaveson
Father's name	Hans Olavison	Hans Olaveson

Subscribed and sworn to before me this 14th day of April, 1969

Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-10-72
(Seal)

X Signed Edith Olaveson Crook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonn

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of April, 1969

Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-10-72
(Seal)

Signed Ola Crow
(Signature of Any Credible Person)

3270 Meadow Lane Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60.155

CL lccpd Rec #12136

April 11, 1969

Certificate of blessing gives name as Edith Olaveson, born June 1, 1920 to Hans E. Olaveson and Maud Christopherson at Menan, Jefferson County, Idaho. Blessed August 7, 1920, by Thomas Shiffen. Viewed by VS.

APR 16 1969

Certificate of Baptism and Confirmation gives name as Edith Olaveson, daughter of Hans E. Olaveson and Maud Christopherson, born June 1, 1920 at Menan, Jefferson county, Idaho. Baptized June 2, 1920 by George A. Cordon, Clerk George M. Larsen. Viewed by VS. April 16, 1969.

285-2[illegible]-017-239

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

[redacted] DAHO
BUR[redacted] STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 File No. 82691

No. ..... St.

Primary Registration District No. 1817-2017 Registered No. .....

Hospital Home

FULL NAME OF CHILD Mary Ellen Sheets

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	July 19 1930

FATHER

FULL NAME Robert Henry Sheets

RESIDENCE Jerome.

COLOR [redacted]ite AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE [redacted]

OCCUPATION Farming.

MOTHER

FULL MAIDEN NAME Alice B Stratton

RESIDENCE Jerome.

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Penn.

OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Dr. Chas A Zeller
Jerome, Ida
(Physician or midwife)

Address .....

Filed 8-16 1930

E D Sipes M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1973

443-117-027-236

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 File No. 82692

No. ..... St. 1017

Primary Registration District No. 217 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ronald Eugene Mullins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	June 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Frederick Mullins	Viola Frances Scott
RESIDENCE	Jerome, Ida	Jerome, Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Mo	Mo.
OCCUPATION	Farmer	House-wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Dr. E. D. Piper

(Physician or midwife)

Address .....

Filed 8-16 1920 E. D. Piper M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss. JUL 31 1941

Certificate No. 82692
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Ronald Eugene Mullins (Name on original certificate) who was born (Was born or died) on June 17 - 1920 (Date of event)
in Jerome Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name to be added to record	no name given	

Subscribed and sworn to before me this 30th day of July, 1941

F. W. Black
Notary Public, residing at Twin Falls, Idaho

My commission expires January 16-1944
[SEAL]

Signed Mrs. Viola Mullins Mother
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)

630 - 2nd Ave West TWIN FALLS, IDAHO
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Twin Falls } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of July, 1941

F. W. Black
Notary Public, residing at Twin Falls, Idaho

My commission expires January 16-1944
[SEAL]

Signed Leo Mullins Father
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

AUG 22 1961

763-210-027-255

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome.

City of Jerome Registration District No. 23 File No. 82693

No. ..... St.

Hospital ..... Primary Registration District No. 817-2017 Registered No. .....

FULL NAME OF CHILD Norma Irene Goldman.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 10 20.

FATHER		MOTHER	
FULL NAME	Victor O Goldman.	FULL MAIDEN NAME	Beatrice Benham
RESIDENCE	Jerome.	RESIDENCE	Jerome.
COLOR	White.	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	[illegible]	BIRTHPLACE	Indiana
OCCUPATION	Salesman.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

(Signature) Dr Chas A Zeller

Jerome Ida (Physician or midwife)

Address .....

Filed 8-16 1921

C. D. Piper M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1949

622-112-027-353

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 82694

Primary Registration District No. 1917-2017 Registered No. .....

FULL NAME OF CHILD Benjamin Osburn Everett Gail Osborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mig 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Ray Osburn Osborn	FULL MAIDEN NAME	Lena Bell Tilly
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas. F. Zeller

Jerome, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 8-26 1920 E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 82694

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Benjamin Osburn (Name on Original Certificate) who Was born (Was Born or Died) on Aug. 12, 1920 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or ~~XXXXXXX~~; and that, to the best of his knowledge, the
true facts are shown by Boble record (Bible Record, Insurance Policy, Etc.) prepared on soon after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Benjamin Osburn	Everett Gail Osborn

Subscribed and sworn to before me this 13th
day of May, 19 42
Katrina H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1946
(Seal)

Signed Lena Belle Osborn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother
Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of May, 19 42
Katrina H. Pierce
Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1946
(Seal)

Signed Alta Tilley
(Signature of Any Credible Person Other Than Previous Year)
Jerome, Idaho
(Street Address, City, State)

MAY 15 1942

MAY 19 1942

231-206-027-293

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome — Registration District No. 23 — File No. 82695

No. ____ St. — Primary Registration District No. 017-2017 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Ethel Louise Black

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 6 1920.

FATHER	MOTHER
FULL NAME Theophilus Howard Black	FULL MAIDEN NAME Edith Nelson
RESIDENCE Jerome.	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Mich.
OCCUPATION Mechanic.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.05 a M. on the date above stated.

(Signature) Dr Chas F Zeller
Jerome Ida
(Physician or midwife)

Address ____

Filed 8-16 1920 E. D. Spencer
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1949

613-110-027-295

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 82696

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Arnold A. Wateso.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 10 20.

FATHER	MOTHER
FULL NAME Lewis Russell Wateso	FULL MAIDEN NAME Pearl Kung
RESIDENCE Jerome	RESIDENCE Jerome
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Washington	BIRTHPLACE Iowa
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr Chas F Zeller.

Jerome, Ida
(Physician or Midwife)

Address .....

Filed 8-16 1920 E. D. Pyper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 23 1941

666-108-027-847

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome — Registration District No. 23 — File No. 82697

No. ____ St. — Primary Registration District No. 1017-2017 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Woody.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male		Yes	July 8 21

FATHER	MOTHER
FULL NAME Wesley S Woody.	FULL MAIDEN NAME Kate Viola Hughes.
RESIDENCE Jerome	RESIDENCE Jerome.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature 6½ mo., at 8 45 a M. (Born alive or stillborn) on the date above stated.

(Signature) Dr Chas A Zeller

Jerome, Ida.
(Physician or midwife)

Address ____

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

Filed 8-16 1921

E. D. Pope M.D.
Registrar

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registrar's No. .....

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHIEF

MANENT RECORD

Form must be made for each

254-210-027-464

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Registration District No. 23 File No. 82698

Primary Registration District No. 617 Registered No. .....

Hospital .....

FULL NAME OF CHILD Viola Ellen Kunel

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 10 1920

FATHER		MOTHER	
FULL NAME	Horton Justice Kunel	FULL MAIDEN NAME	Lula Modrell
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ind.	BIRTHPLACE	Okla.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) E. L. Berry MD
(Physician or midwife)

Address Hazelton Ida

Filed 8-20 1920 E. D. Piper MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1954

652-105 027-795

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23 File No. 82701

Primary Registration District No. 1017 Registered No. .....

FULL NAME OF CHILD Charles Earl Webb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	4	Yes	May (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Irvin Webb	FULL MAIDEN NAME	D Presler
RESIDENCE	Eden, Ida	RESIDENCE	Eden Ida
COLOR	W	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	34.	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed 8-20 1920 E. D. Piper M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1942

264-111-027-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 23 File No. 82702

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD Richard Gale Boden

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Roscoe Boden	FULL MAIDEN NAME	Dorothea Morrison
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wis.
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton Ida

Filed 8-20 1920 E. D. Piper MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy made 10/24/40 L.B.

APR 5 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Jefferson

City of Jerome

No. ____ St.

Hospital ____

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 1117

File No. 82703

Registered No. ____

Full Name of Child VIRGINIA ELLA BERTHA SCHULTZ

SEX OF CHILD: F	Twin, Triplet or other? (To be answered only in event of plural births): and Number in order of birth: 3	Legitimate? Yes	DATE OF BIRTH: July 30 (Month) (Day) 20 (Year)	

FATHER	MOTHER
FULL NAME: Adolph Schultz	FULL MAIDEN NAME: Johanna Polzin
RESIDENCE: Jerome	RESIDENCE: Jerome
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: ____ Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

Registrar

Filed 8-7 1920 E. D. Piper M.D.

Registrar

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82703

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on July 30, 1920 (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Virginia Ella Bertha
Surname	Schultz	Schultz
Maiden name of Mother	Pulzatt	Johanna Polzin

Subscribed and sworn to before me this 20
day of January, 1943

Notary Public, residing at Parma Idaho

My commission expires 1-20-44
(SEAL)

Signed P G Schultz
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Parma Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 10 1943

255-130-027-159

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

No. ..... St.

Hospital .....

Registration District No. 23 1817

File No. 82704

Primary Registration District No. 2817

Registered No. .....

FULL NAME OF CHILD James Marion Besbout

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	1	yes	Apr. (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Marion Russel Besbout	FULL MAIDEN NAME	Irene Arrett
RESIDENCE	Eden Ida	RESIDENCE	Eden
COLOR	W	COLOR	Wh
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton Ida

Filed 8/20/ 1920 E. D. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

662-208-027-893

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 File No. 82705

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice Jean Foster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7	5	yes	May 8 1920

FATHER		MOTHER	
FULL NAME	George James Foster	FULL MAIDEN NAME	Bessie Hillegas
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	W	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 - P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton, Ida.

Filed 8-20 1920 E. D. Piper MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1963

14-129-027-962

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 1017 File No. 82706

No. ..... St.

Primary Registration District No. 1017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Carrol Lewis Judson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			3	Yes	Apr 29 1920

FATHER		MOTHER	
FULL NAME	Lewis Judson	FULL MAIDEN NAME	Essie Robinett Judson
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Washington	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 A M. on the date above stated.

(Signature) E. L. Berry M. D.

(Physician or midwife)

Address Hazelton Ida

Filed 8-21 1920 E. D. Pyper M.D.

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 6 1976

693-118-027-813

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Hazelton

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 82707

Primary Registration District No. 1017 2017 Registered No. ____

FULL NAME OF CHILD Donald Albert Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		first	yes	May 18 1920

FATHER	MOTHER
FULL NAME Chas Wilson	FULL MAIDEN NAME Geneva Hatfield
RESIDENCE (Bray Ranch) Eden Ida.	RESIDENCE (Bray Ranch) Eden, Ida.
COLOR Wh.	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Michigan	BIRTHPLACE California
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 40 P. M. on the date above stated.

(Signature) E. L. Berry M.D.

(Physician or midwife)

Address Hazelton, Ida.

Filed 8-20 1920 E. D. Piper M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MAY 23 1961

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 File No. 82708

No. ..... St.

Primary Registration District No. 1817-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Tiner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allison Henry Tiner	FULL MAIDEN NAME	Etta Mahala Lower
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas F Zeller
Jerome, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 8-20 1920 E. D. Piper M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N - QUIER

Dup of 1920-268551

693-104-028-469

[redacted] F BIRTH

Form V. S. No. 11-C—2m-9-8-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82709

County of Kootenai

City of Harrison

No. ..... St.

Hospital Sokeview

Registration District No. 126 File No. 4

Primary Registration District No. 2204 Registered No. 85

FULL NAME OF CHILD John Arthur Flinn

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. Flinn	FULL MAIDEN NAME	Sillie Moran
RESIDENCE	~~Colo~~ Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	~~His~~ South Dak.	BIRTHPLACE	Mich
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 4-20 at 9-28 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Sept 1 1920 J M Finney

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 19 1966

719-204-028-622

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital Lakeview

Registration District No. 126 File No. 82710

Primary Registration District No. 2204 Registered No. 84

FULL NAME OF CHILD Mable Irene Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 4 1920

FATHER		MOTHER	
FULL NAME	Roy Gardner	FULL MAIDEN NAME	Ethel Osborn
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mini	BIRTHPLACE	Mo
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 4-20 at 10 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

_____ 19____

Filed Sept 1 1920 J M Finney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

RECEIVED
JUN 25 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Registered No. 8[illegible]

Place of Birth

City Harrison

Street and House No.

County Kootenai

Registration Dist. [illegible]

Sex of Child Female

Date of Birth Aug (MONTH) 4 (DAY) 1920 (YEAR)

Father [illegible] (FULL NAME)

Mother [illegible] (FULL MAIDEN NAME)

I Hereby Certify that the child d[illegible]
has been named:

Mable Irene [illegible]
GIVEN NAME IN FULL

as reported by Mrs. Roy [illegible]
FATHER OR MOTHER

J. M. Finn
LOCAL REGISTRAR

File 4

No. 124

described herein

Gardner

SURNAME

Gardner

ey

294-105-028-897

PLACE OF BIRTH

County of Kootenai

City of Carlin Bay

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82711

Registration District No. 126 File No. 4

Primary Registration District No. 2204 Registered No. 86

FULL NAME OF CHILD OTTO FREDRICH KRUGER

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	Aug 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Conrad Kruger	FULL MAIDEN NAME	Bertha Higgelke
RESIDENCE	Carlin Bay Ida	RESIDENCE	Carlin Bay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 5-20 at 7:10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tierney
M D
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

_____ 19__

Filed Sept 1 1920 J M Tierney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 82711

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Frederick Otto Kruger (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on August 5th, 1920 (Date of Event)
in Carlin Bay, Kootenai Co, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on August 22, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Otto Fredrich Kruger
Otto Friedrich Kruger		

Subscribed and sworn to before me this 11th
day of March, 1942

Notary Public, residing at Coeur d Alene, Idaho

My commission expires Nov 15, 1945
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Marine Rte, Coeur d Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of March, 1942

Notary Public, residing at Coeur d Alene, Idaho

My commission expires Nov. 15, 1945
(Seal)

Signed Conrad Kruger
(Signature of Any Credible Person Other Than Previous Year)

Marine Rte, Coeur d Alene, Idaho
(Street Address, City, State)

MAR 9 1942

294-205-028-897

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82712

County of Kootenai

City of Carlin Bay

Registration District No. 126

File No. ~~72~~ 4

No. ..... St.

Primary Registration District No. 2204

Registered No. 87

Hospital .....

FULL NAME OF CHILD BERTHA WILHELMINA KRUGER

Sex of Child	Twin ~~Triplet or other?~~	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	1	Yes	Aug 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Conrad Kruger	FULL MAIDEN NAME	Berth Higgelke
RESIDENCE	Carlin Bay Ida	RESIDENCE	Carlin Bay Ida
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Ranchet	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 5-20 at 6:40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney

M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

..... 19 .....

Filed Sept 1 1920 J. M. Finney

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 195:

215-215-028-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82713

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126 File No. 7

Primary Registration District No. 2204 Registered No. 88

FULL NAME OF CHILD Mary Jane Kavanaugh

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank B ~~Cavanaugh~~ Kavanaugh	FULL MAIDEN NAME	Merlin Smith
RESIDENCE	Harrison Ida	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	S. D.	BIRTHPLACE	Wis
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 10-20 at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Fenney
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address Harrison Ida

Filed Sept 1 1920 J. W. Fenney
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 19[illegible]
JAN 29 1948
JAN 29 1970

236-117-028-655

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital Lakeman

FULL NAME OF CHILD John Forest Stout

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 82714

Primary Registration District No. 2204 Registered No. 89

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 17 1920

	FATHER	MOTHER
FULL NAME	Aaron Forest Stout	FULL MAIDEN NAME Mable Coleman
RESIDENCE	Harrison	RESIDENCE Harrison
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Ind	Ind
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8-17-20, at 7a M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. K. Thompson M.D.

(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-1 1920 J. K. Thompson Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/15/41 Z.J.

269-117-028-442

PLACE OF BIRTH

County of Kootenia

City of Harrison

No. ..... St.

Hospital Lakeview

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1f-C—25m-9-8-15

CERTIFICATE OF BIRTH

82715

Registration District No. .....

File No. 4

Primary Registration District No. .....

Registered No. 90

FULL NAME OF CHILD DONALD DICKINSON BOZARTH

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 17 1920

	FATHER	MOTHER
FULL NAME	J E Bozarth	Cora Mable Dickenson
RESIDENCE	Harrison	Harrison
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	32 (Years)
BIRTHPLACE	Ark	Kan.
OCCUPATION	Con Labor	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 17-20 at 9 10 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M McKenney
Dr
(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

Filed 9-1 1920 J M McKenney
Registrar

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 82715

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Donald Dickinson Bozarth (Name on Original Certificate) who Born (Was Born or Died) on Aug. 17, 1920 (Date of Event)

in HARRISON, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Donald Dickinson Bozarth

Subscribed and sworn to before me this 29th day of August, 19 42.

S. M. Bugbee

Notary Public, residing at Portland, Oregon

My commission expires May 19th, 1944

(Seal)

Signed Cora M. Bozarth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7922 N. Willamette Blvd., Portland, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 19 42.

S. M. Bugbee

Notary Public, residing at Portland, Oregon

My commission expires May 19th, 1944

(Seal)

Signed Mrs. Flo Corbett
(Signature of Any Credible Person Other Than Previous Year)
Aunt

6721 N. Mohawk Ave., Portland, Oregon
(Street Address, City, State)

SEP 14 1942

SEP 9 1942

DEC 27 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

458-219-038-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82716

County of Kootenai

City of Black Lake

No. _____ St.

Hospital _____

Registration District No. 126 File No. 1

Primary Registration District No. 2204 Registered No. 91

FULL NAME OF CHILD Mina Jane Meyerhoff

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo E Meyerhoff	FULL MAIDEN NAME	Minnie Baumgart
RESIDENCE	Black Lake	RESIDENCE	Black Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wn	BIRTHPLACE	Neb
OCCUPATION	Corn Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 19-20 at 2:30 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

M D
(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

_____ 19__

Filed 9-1 1920 J M Finney

Registrar Registrar

S-Y-CO 38071

FORM V. S. NO. 27B 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Harrison

Street and House No. [illegible]

County Kootenai

Registered No. 126

Registration Dist. No. 22

Sex of Child Female

Date of Birth Aug 19 1910
MONTH DAY YEAR

Father Geo E. Meyerhoff
FULL NAME

Mother Minnie Baumgart
FULL MAIDEN NAME

I Hereby Certify that the child described he
has been named:

Mina Jane Meyer
GIVEN NAME IN FULL SURNAME

as reported by Geo E Meyerhoff
FATHER OR MOTHER

J M Fenney
LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

JAN 7 1975

FEB 13 1943

o 4

rein

219-226.028-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Conklin Park

Registration District No. 126

File No. 82717

No. ..... St.

Primary Registration District No. 2204

Registered No. 92

Hospital .....

FULL NAME OF CHILD Jean Pauline Sargent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 26 1920

	FATHER		MOTHER
FULL NAME	F W Sargent	FULL MAIDEN NAME	Elen Johnson
RESIDENCE	Conklin Park	RESIDENCE	Conklin Park
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Aug 26 20 (Born alive or stillborn), at 10 30 P M. on the date above stated.

(Signature) J M Finney M D

(Physician or midwife)

Address Harrison Ida

Filed 9-1 1920 J M Finney Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

452-229-028-313 amend 12-14-81

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. _____ St.

Hospital _____

Registration District No. 126 File No. 126 82718

Primary Registration District No. 2204 Registered No. 2204

FULL NAME OF CHILD Orient C Mescola

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dick Mescola.	FULL MAIDEN NAME	Fern Calhcart
RESIDENCE	Harrison	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Wash
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aug 29 20 at 3 a M. on the date above stated. (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

M D (Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

_____ 19____

Filed 9-1-20 19____ J M Finney

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-4-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
NOV 23 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 82718
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Mescola (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-29-20 (Date of Event)

in Harrison (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Orient C Mescola

Subscribed and sworn to before me this 11 day of November, 1981.

Notary Public, N. G. Pelk

Residing at Coeur d' Alene

My commission expires Life

(Seal)

Orient Cornelia Mescola
Signature of Applicant

2707 N 9th
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of November, 1981.

Notary Public, N. G. Pelk

Residing at Coeur d' Alene

My commission expires Life

(Seal)

Ivan W. Crouch
Supporting Signature

731 Mill Ave CDA
Street Address, City, State

1 cc pd

Kootenai County County REcorder issued document stating The census report of 1926 showed Orient Waldo listed in the records of school district # 15. She was listed as age 6. Viewed by V.S.

DEC 14 1981

John A Waldo and Fern Mescola applied for marriage license in State of Idaho in County of Kootenai on 7-2-25. Viewed ByV.S.

Metropolitan Life Insurance Co gives Orient C Schierman as insured , Beneficiary as her mother FErn O Waldo. Dated July 1954. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-229-228-762

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 8/2719

Primary Registration District No. 2204 Registered No. 94

FULL NAME OF CHILD OLLIE KATHERINE McKINLEY

Sex of Child Female | Twin, Triplet or other? ..... and Number in order of birth ..... | Legitimate? Yes | Date of Birth Aug 29 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME H. H. McKinley	FULL MAIDEN NAME Etta Posey
RESIDENCE Harrison, Idaho	RESIDENCE Harrison, Idaho
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Texas	BIRTHPLACE Arkansas
OCCUPATION Contractor	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 29-20 8:30P M.
(Born alive or stillborn)
on the date above stated.

(Signature) J. McKinney MD
(Physician or midwife)

Address Harrison, Idaho

Filed 9-1-20 J. McKinney
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

STATE OF IDAHO OCT 13 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pend Oreille }

Certificate No. 82719

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ollie Katherine McKinley (Name on Original Certificate) who Born (Was Born or Died) on August 29 - 1920 (Date of Event) in Harrison Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father and Mother (Bible Record, Insurance Policy, Etc.) prepared on September 17-1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ollie Katherine McKinley
Ollie Katherine McKinley		

Subscribed and sworn to before me this 17th day of September 1942

J. F. Lavigne

Notary Public, residing at Cusick Wash.

My commission expires June 25-1946
(Seal)

Signed Susanetta McKinley Mother / Harry H McKinley Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cusick Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 5 1972

OCT 15 1942

SHS 210038-659

PLACE OF BIRTH

County of Kootenai

City of Coeur

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 82720

Primary Registration District No. 1051 Registered No. 778

FULL NAME OF CHILD Mary Ellen VanWy.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Aug. 10 1920

FATHER		MOTHER	
FULL NAME	Floyd A. VanWy.	FULL MAIDEN NAME	Edna Farrell
RESIDENCE	Coeur d A	RESIDENCE	Coeur d Alene.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23. (Years)	AGE AT LAST BIRTHDAY	18. (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Iowa.
OCCUPATION	Timber Worker	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 a. M. on the date above stated.

(Signature) D D Drennan

(Physician or midwife)

Address Coeur d Alene Ida

Filed Sept 4 1920 D D Drennan
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1969
JUN 13 1969
JUN 1 1954

293-225 1028-239

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

~~City of~~ Tunes Bay

Registration District No. 30

File No. 82721

No. _____ St.

Primary Registration District No. 1031

Registered No. 785

Hospital Residence

FULL NAME OF CHILD Mildred Ernestine Bilsborough

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S		1st	Yes	Aug 25 1920

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Bernard E. Bilsborough	FULL MAIDEN NAME Georgia Ann Stillman
RESIDENCE Tunes Bay	RESIDENCE Tunes Bay
COLOR W	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE England	COLOR W
OCCUPATION Logger	AGE AT LAST BIRTHDAY 20 (Years)
	BIRTHPLACE Osage Mo
	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Montenyohl

(Physician or midwife)

Given names added from a supplemental report.

Mildred Ernestine Bilsborough

Address Coeur d'Alene Idaho

W. C. Murphy State Registrar

Filed Sept. 4 1920 D D Dreiman

Registrar

5-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO

BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
- *City* Turner Bay, Cour D'Alene
- *Street and House No.*
- *County* Kootenai

Registered Number 986

Registration District No. 30

Sex of Child Female

Date of Birth, Aug. (Month) 25 (Day) 1920 (Year)

Full Name Aerneast Belsborough **Father**

Full Maiden Name Georgina A. Stillman **Mother**

I HEREBY CERTIFY that the child described herein has been named:

Wilbert Ernestine Bilsborough
(Given name in full) (Surname)

as reported by Ernest E. Bilsborough
(Father or Mother)

D D Drennan
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

MAY 8 1967

365-212-028-695

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

File No. 82722

No. ..... St.

Primary Registration District No. 1031

Registered No. 784

Hospital Coeur d Alene

FULL NAME OF CHILD Margaret Temple Constans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	✓	Yes	Aug 12 1920

FATHER		MOTHER	
FULL NAME	Willard A. Constans	FULL MAIDEN NAME	Margaret A. Freer
RESIDENCE	Coeur d'Alene	RESIDENCE	C. d'A.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Timekeeper Rutledge Timbr. Co	OCCUPATION	Ho. Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 am on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Alexander Barclay M. D.

(Physician or midwife)

Address Coeur d Alene Idaho

Filed Sept 14 1920 D. D. Freeman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1942

JUN 16 1943

859-224-028-255

Amended 3-5-62

(Be sure the information is complete and accurate)

State File No. 82723

Local Reg. No. 783

Reg. Dist. No. 30

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Coeur d'Alene Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Jean

b. (Middle): Ione

c. (Last): Heintzelman

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): September 24, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Albert

b. (Middle): E.

c. (Last): Heintzelman

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 35 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Illinois

11a. USUAL OCCUPATION: Pipe Fitter

11b. KIND OF BUSINESS OR INDUSTRY: Automat. Sprink. Co.

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Emma

b. (Middle):

c. (Last): Benner

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Alexander Barclay

18c. ADDRESS: Coeur d'Alene, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept., 1920

20. REGISTRAR'S SIGNATURE: D.D. Drennan

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

...ence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mur cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82723

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gene Ione Heintzelman (Name on Original Certificate) who was born (Was Born or Died) on Aug. 17, 1920 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Gene	Jean Ione Heintzelman
Child's Date of Birth	Aug. 17, 1920	September 24, 1920

Subscribed and sworn to before me this 25th day of Jan., 19 62

Notary Public, residing at Portland, Ore.
My commission expires My Commission Expires Oct. 24, 1963
(Seal)

Signed Albert E. Heintzelman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3235 S.E. 52nd Ave. Portland Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wn. } ss.
County of King }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of Feb., 19 62

Notary Public, residing at Seattle, Wn.
My commission expires 4-22-64
(Seal)

X Signed .....
(Signature of Any Credible Person)

X 2975 So. Houston St. Seattle Wn.
(Street Address, City, State)

FORM DH 60.155 CL 1-23-62. nm

Social Security Application, May 27, 1940, #544-16-0761 gives full name as Jean Ione Heintzelman, born Sept. 24, 1920 at Coeur d'Alene, Idaho to Albert E. Heintzelman and Emma Benner - age at time of application-19 years old - viewed by V.S.

Photo copy of original application for Oregon Driver's License, dated Oct. 1, 1956 gives full name as Jean Ione Heintzelman, female, born Sept. 24, 1920 at Coeur d'Alene, Idaho - license expired Sept. 24, 1958 - viewed by V.S.

3[illegible]-028-219

[illegible] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County [redacted]

City of Hayden Lake

Registration District No. 30

File No. 82724

No. ..... St.

Primary Registration District No. 1051

Registered No. 782

Hospital .....

FULL NAME OF CHILD Beryl Tucker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Aug 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Trenton T. Tucker	FULL MAIDEN NAME	Florence A Barton
RESIDENCE	Hayden Lake	RESIDENCE	Hayden Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Brooks, Iowa	BIRTHPLACE	~~[illegible]~~ Portland, Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d'Alene Ida

Filed Sept 4 1920 D D Drennan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of JACKSON }

Certificate No. 82724

Date Filed 9/4/20

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Beryl Tucker (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 18, 1920 (DATE OF EVENT) in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Father's birthplace	Iowa	Brooks, Iowa
Mother's birthplace	Iowa	Portland, Oregon
Mother's name	Florence A. Barten	Florence A. Barton

Subscribed and sworn to before me this 22nd day of January 19 42

Frank Van Dyke
Notary Public, residing at Ashland, Oregon

My commission expires Oct 30, 1945
(SEAL)

Signed Florence A. Tucker
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Grandview Drive, Ashland, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 26th day of January, 19 42

Sadie Ferguson
Notary Public, residing at Portland Ore.

My commission expires July 4, 1946
(SEAL)

Signed: Delores L Brandon
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1984 N. W. Overton Portland Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 28 1942 By _____
(REGISTRAR'S SIGNATURE)

FEB 27 1942

APR 1 - 1954

713220-028-297

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene Registration District No. 30 File No. 82725

No. ____ St. Primary Registration District No. 1051 Registered No. 781

Hospital C.D.A.

FULL NAME OF CHILD Laurice Mae Palmerton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S	1	yes	Aug 20 1920

FATHER	MOTHER
FULL NAME J. W. Palmerton	FULL MAIDEN NAME Mazie Kupp
RESIDENCE Ohr Lakeside Drug Store	RESIDENCE Ohr Lakeside Drug Store
COLOR W	AGE AT LAST BIRTHDAY (Years) 40
COLOR W	AGE AT LAST BIRTHDAY (Years) 33
BIRTHPLACE Wash	BIRTHPLACE Wash
OCCUPATION Druggist	OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Winteregg

Physician

(Physician or midwife)

Address Coeur d'Alene Idg.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Sept 4 1920

D. D. Brennan
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743-123-028-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene Registration District No. 30 File No. 82726

No. 1024 Indiana Ave Primary Registration District No. 1051 Registered No. 780

~~Hospital~~ Residence

FULL NAME OF CHILD Eugene Stanley Putman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S	2	Yes	Aug 23 1920

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Floyd E. Putman	FULL MAIDEN NAME Selma M Giroux
RESIDENCE 1024 Indiana Ave	RESIDENCE 1024 Indiana Ave
COLOR W AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Wis
OCCUPATION Logger	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 10 A M. on the date above stated.

(Signature) C. E. Montmyer

Physician

(Physician or midwife)

Address Coeur d Alene Idaho

Filed Sept 4 1920 D D Drennan

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

447.227.028-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-8-8-17

PLACE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 File No. 82727

Primary Registration District No. 2067 Registered No. 779

FULL NAME OF CHILD Hazel Margaret Dupuis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes.	May 27 1917

FATHER		MOTHER	
FULL NAME	Hector Dupuis	FULL MAIDEN NAME	Bessie Jones.
RESIDENCE	Athol Ida	RESIDENCE	Athol
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Can.	BIRTHPLACE	Wash.
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M. D. (Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 4 1920 D D Drennan. Registrar

OCT 14 1955

JUL 19 1974

MAR 20 1957

963.204.028-942

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 82728

No. ..... St.

Primary Registration District No. 1051, 2051 Registered No. 30

Hospital .....

FULL NAME OF CHILD Philip Roth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	August 4, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George E. Roth	FULL MAIDEN NAME	Bessie J. Rushing
RESIDENCE	Rathdrum, Ida R 2	RESIDENCE	Rathdrum, Ida R 2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida.

Filed 9/1. 1920. Frank Wenz
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693.105.028-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

Registration District No. 30

File No. 82729

No. _____ St.

Primary Registration District No. 1051.205

Registered No. 31

Hospital _____

FULL NAME OF CHILD Kenneth Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	August 5. 1920

FATHER	MOTHER
FULL NAME: Frank H. Williams	FULL MAIDEN NAME: Mildred E. Brannan
RESIDENCE: Athol, Ida.	RESIDENCE: Athol, Ida.
COLOR: white — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Minn.
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a Live (Born alive or stillborn), at 2.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Frank H Wms

Physician

(Physician or midwife)

Address Athol, Idaho.

Filed 7/1. 1920. Frank H Wms Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-211-028-669

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

82730

County of Kootenai

City of ..... Registration District No. 30. File No. .....

No. ..... St. Primary Registration District No. 1051.205 Registered No. 32

Hospital .....

FULL NAME OF CHILD ~~ANNE LOUISE~~ Taft

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	August 11. 1920.

FATHER		MOTHER	
FULL NAME	Andrew F. Taft	FULL MAIDEN NAME	Hattie Forberg
RESIDENCE	Belmont, Idaho	RESIDENCE	Belmont, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Frank Wang

Physician

(Physician or midwife)

Address Rathdrum, Idaho

Filed 9/1. 1920 Frank Wang

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 82730

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anne Louise Taft (Name on Original Certificate) who was born (Was Born or Died) on August 11, 1920 (Date of Event)
in Belmont, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 12, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Burton Tafte	Anne Louise Tafte

Subscribed and sworn to before me this 28
day of March 1942

Jos. A. Foster Clerk of the District Court
Notary Public, residing at Ex-Officio Auditor and Recorder
My commission expires By Jos. A. White Dep.
(Seal)

Signed Andrew Tafte
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Athol, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemn swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of March, 1942

Jos. A. Foster Clerk of the District Court
Notary Public, residing at Ex-Officio Auditor and Recorder
My commission expires
(Seal)
By Jos. A. White, Deputy

Signed Mrs. Goldie Tafte
(Signature of Any Credible Person Other Than Previous Year)

Athol, Idaho
(Street Address, City, State)

553-116-028-632

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. _____ St.

Hospital _____

Registration District No. 30 File No. 82731

Primary Registration District No. 1051.2051 Registered No. 33

FULL NAME OF CHILD Clarence Arthur Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	August 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norman Nelson	FULL MAIDEN NAME	Carrie Olson
RESIDENCE	Athol, Ida	RESIDENCE	Athol, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Section - laborer	OCCUPATION	house wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum, Idaho

Registrar

Filed 9/1. 1920. Frank Wenz Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1962

959.117.028-633

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 82732

No. ..... St.

Primary Registration District No. 1051-2051 Registered No. 34

Hospital .....

FULL NAME OF CHILD Wilbert Theodore Reiswig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	August 17, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Simon Reiswig	FULL MAIDEN NAME	Bertha Otto
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Russia
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum, Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 9/1 1920. Frank Wenz Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-202-028-562

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 45 File No. 82734

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Esther Marie Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1		—	yes	7 (Month) 2 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ole Johnson	FULL MAIDEN NAME	Louise Ness
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Id
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Minn.
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindle M.D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/10 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 82734

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Baby Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 2, 1920 (DATE OF EVENT)
in Spirit Lake, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by School records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 24, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Baby Johnson	Esther Marie Johnson

Subscribed and sworn to before me this 27
day of Feb, 1942

Notary Public, residing at Spirit Lake, Idaho
My commission expires 2-22-46
(SEAL)

Signed Ole C Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

Spirit Lake, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

Spirit Lake, Idaho
February 24, 1942

JUL 13 1942

Dear Sir:

The school records show that Esther Marie Johnson enrolled in the Spirit Lake Public Schools, Sept, 1926 in the first grade. She attended all twelve grades and graduated from High School, May, 1938. The records show the name to be Esther Marie Johnson and the birth date to be July 2, 1920.

Respectfully

D. C. DeBeaumont

D. C. DeBeaumont
Supt. of Schools

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

City of Spirit Lake, Ida. Registration District No. 45 File No. 82735

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ina Pauline Ware

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	—		—	Yes	7 (Month) 18 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sanford G Ware	FULL MAIDEN NAME	Grace Hulsey
RESIDENCE	Prosser Wn	RESIDENCE	Prosser Wn
COLOR	White	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl A Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/10 1920 [signature]

Registrar

MAR 6 1962

294.227.028-469

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 45

File No. 82742

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Joy Marian Sims

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1			Yes	June 27 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas Walter Sims	FULL MAIDEN NAME	Ruth Morrow
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp. Lake Id
COLOR	White	COLOR	Wh.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Prindle

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/10 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82742

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joy Marian Sims (Name on Original Certificate) who born (Was Born or Died) on June 27 1920 (Date of Event)
in Spirit Lake Idaho (Place of Event) true are erroneous or were omitted; and that to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 27th June 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Joy Marian Sims

Subscribed and sworn to before me this 15th day of February 19 44

Signed (Mrs) Ruth A. Sims
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Prospect

My commission expires ..... (Seal) A Notary Public in and for the Province of British Columbia

Cranberry Lake Bla
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of February, 19 44

Signed James Walter Sims
(Signature of Any Credible Person Other Than Previous Year)

Notary Public residing at Prospect

My commission expires ..... (Seal) A Notary Public in and for the Province of British Columbia.

Cranberry Lake B.C.
(Street Address, City, State)

FEB 22 1944

MAR 1 1944

433-127-028-661

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

No. ..... St.

Hospital .....

Registration District No. 45 File No. 82744

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD James Henry McCracken

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		—	Yes	June (Month) 27 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos McCracken	FULL MAIDEN NAME	Margaret A Farrell
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Labourer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erich D Printh

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/10 1926 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
County of San Francisco } ss.

Certificate No. 82744

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of [redacted] Birth
(Birth or Death)
for James Henry McCracken (Name on Original Certificate) who (Was Born or Died) on June 27, 1920 (Date of Event)
in Spirit Lake Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Evidence Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on January 3rd 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	James Henry McCracken

Subscribed and sworn to before me this 3rd day of September, 1943

John Crowson
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed John T. McCracken (Brother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St. Patrick's Seminary, Menlo Park, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Francisco } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Sept 1943

John Crowson
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)
785 Market St
(Street Address, City, State)
San Francisco Cal

JUL 15 1944

SEP 9 1943

485-206-028-363

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 45 File No. 82745

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Irene Dyer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1		—	yes	9 (Month) 6 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Dyer	FULL MAIDEN NAME	Irene V Callen
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp. L.
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo	BIRTHPLACE	Pa
OCCUPATION	Laborer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Park & Friend MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/10 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-11-41

JUL 1 3 1973

613-106-028-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 45 File No. 82746

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Wold

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	yes	9 (Month) 6 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Wold	FULL MAIDEN NAME	Gertina Lee
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp. Lake Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Norway	BIRTHPLACE	Ia
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle Strindh MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/16 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-102-028-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 45 File No. 82747

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Elton Ross Meade Elton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	9-2 1920

FATHER		MOTHER	
FULL NAME	L. J. Elton	FULL MAIDEN NAME	Anna Smith
RESIDENCE	Spirit Lake Id	RESIDENCE	Sp. L.
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ia	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emil Schmidt

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/10 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-129-028-465

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake, Ida. Registration District No. 47 File No. 82748

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth Montgomery Copeck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1			Yes	8-28 1920

FATHER		MOTHER	
FULL NAME	Lloyd L. Copeck	FULL MAIDEN NAME	Aline Montgomery
RESIDENCE	Athol Ida	RESIDENCE	Athol
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.45 A M. on the date above stated.

(Signature) Earle A Trudell MD

(Physician or midwife)

Address .....

Filed 9/16 1920 Tom Hawkins Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38-124-
PLAC
029-466

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

Registration District No. 61 File No. 82749

No. St.

Primary Registration District No. 2141 Registered No. 283

Hospital

FULL NAME OF CHILD James William Chaney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 24 1920

FATHER		MOTHER	
FULL NAME	Wm. Marvin Chaney	FULL MAIDEN NAME	Clara Ball Downing
RESIDENCE	Troy, Idaho.	RESIDENCE	Troy, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Troy Idaho	BIRTHPLACE	Osborne Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Aug 28 1920 R. H. Carithers
Registrar

[redacted]

JUN 12 19[illegible]

DEC 20 1949

DEC 5 1951

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of b

514.113.029.4 B1

Registration District No. 61 State File No.

(If born in hospital or institution give name) Prim. Registration District No. 2141 Local Registrar's No. 274

2. FULL NAME OF CHILD [redacted]d Stanley Vaught

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			Full term	yes	July 13, 1920

FATHER	MOTHER
9. Full name: Jason G. Vaught	18. Full maiden name: Otey Margaret McAdams
10. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Moscow, Idaho
11. Color or race: W | 12. Age at last birthday: 27 (years)	20. Color or race: W | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Tennessee	22. Birthplace (city or place) (State or Country): Tennessee
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: , 19	25. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work:	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5 AM on the date above stated.

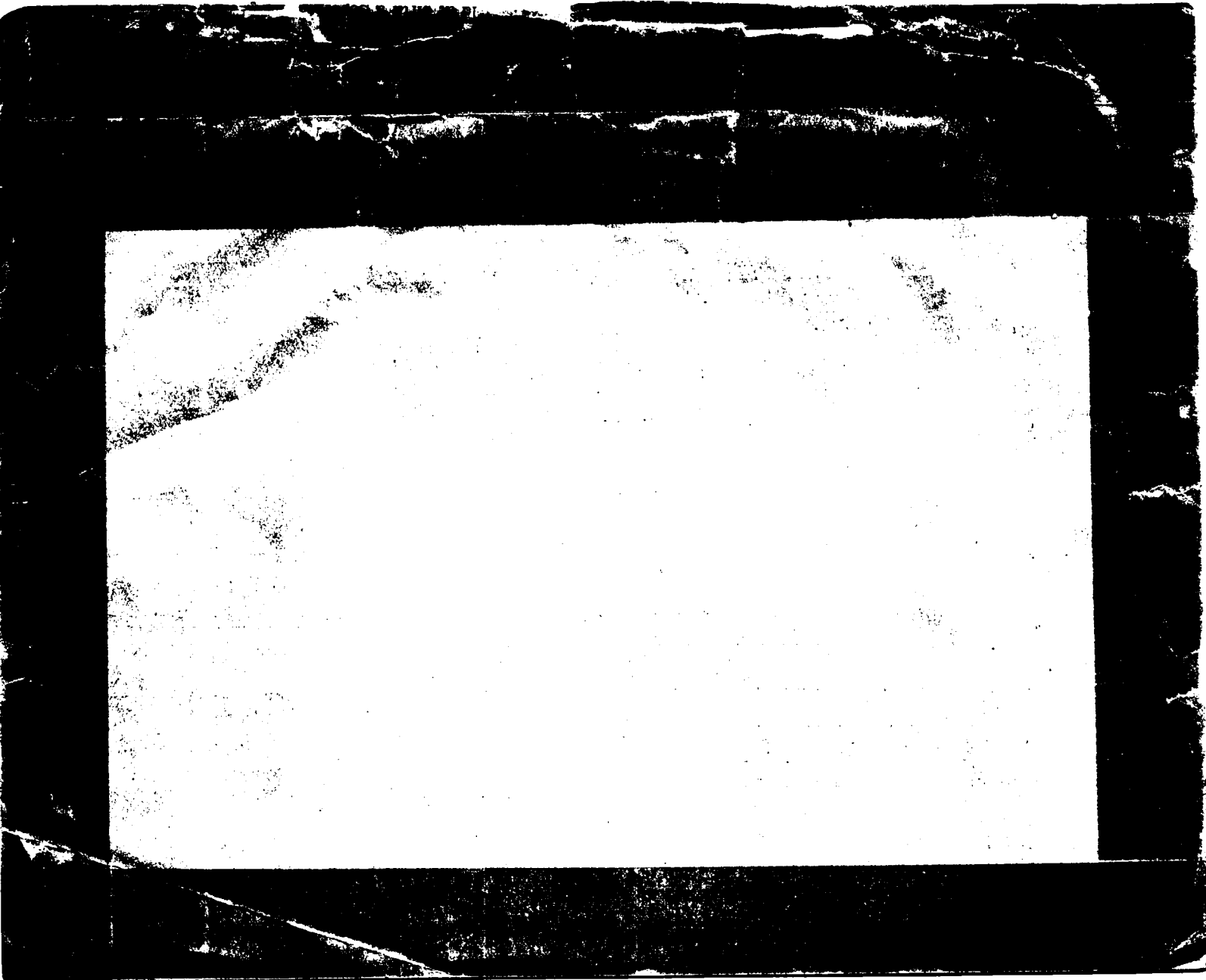
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) J. H. Clarke, M. D.
or M. D.
Address Moscow, Idaho
Filed Aug. 26 1920 [redacted] Registrar.



795-118-029-599

PLACE OF BIRTH

County of Latah

City of Moscow R F D

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 82751

Primary Registration District No. 2141 Registered No. 275

Full Name of Child Carmen Dean Pinkston

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	July 15 1920

FATHER

FULL NAME: Vern Pinkston

RESIDENCE: Orofino

COLOR: White AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Mo

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Gertrude A. Erickson

RESIDENCE: 25

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Home [illegible]

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9-a- M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Moscow

Filed Aug 7th 1920 W. H. Carithers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1976

219.220-029-234

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 82752

Primary Registration District No. 1011 Registered No. 276

Full Name of Child Elizabeth L. Karr

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	July 20 1920

FATHER		MOTHER	
FULL NAME	A. J. N. Karr	FULL MAIDEN NAME	Mary E. Stubbs
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kan.	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Moscow

Filed Aug 26 1920 W. H. Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1970

735-128-029-243

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 82753

Primary Registration District No. 1011 Registered No. 347

Full Name of Child William H Newton Glenn

SEX OF CHILD: male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: July 28 (Month) (Day) 1920 (Year)	

FATHER

FULL NAME: ~~David~~ S. Glenn

RESIDENCE: Moscow

COLOR: white AGE AT LAST BIRTHDAY: 46 (Years)

BIRTHPLACE: U. S.

OCCUPATION: Contractor and Builder

MOTHER

FULL MAIDEN NAME: Minnie Buckmaster

RESIDENCE: Moscow

COLOR: white AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: U. S.

OCCUPATION: Home work

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5-P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. N. Clarke (Physician or ~~midwife~~)

..... 19..... Address Moscow

..... Registrar Filed July 30 1920 W. H. Courtney Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 20, 1940. E.W.

DEC 3 1943

963-109-029-975

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61

Primary Registration District No. 1011

File No. 82754

Registered No. 273

Full Name of Child Gilbert I Rockwood

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH July (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	R. D. Rockwood	FULL MAIDEN NAME	Goldie Davis
RESIDENCE	Spokane Wash	RESIDENCE	Spokane Wash
COLOR	white AGE AT LAST BIRTHDAY 47 (Years)	COLOR	white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 9 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Moscow

Filed Aug 26 1920 W. H. Carithers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 4 1943

MAR 29 1951

296-220-
032-218

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

Registration District No. 17

File No. 1 82755

No. ..... St.

Primary Registration District No. 1100

Registered No. 21

Hospital .....

FULL NAME OF CHILD Phyllis Jewell Brooks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jefferson L Brooks	FULL MAIDEN NAME	Ellen Barber
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Boonville Miss.	BIRTHPLACE	Salem Idaho
OCCUPATION	Freight agt.	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Bloom

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richfield Idaho

Filed Sept 10 1920

P E Bartlett
Registrar

Registrar

WRITE PLAINLY WITH [redacted] A PERMANENT RECORD

N. B. In case of [redacted] birth a SEPARATE RETURN must be made for each [redacted] the number of each, in order of birth stated.

MAY 22 1942
JUL 30 1942
JUL 7 1944

33-231-033-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

No. ..... St.

Hospital .....

Registration District No. 100 File No. 82756

Primary Registration District No. 2176 Registered No. 289

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	8 31 1920

FATHER		MOTHER	
FULL NAME	John William Clark	FULL MAIDEN NAME	Flocilla Robinson
RESIDENCE	Sunnydell.	RESIDENCE	Sunnydell, Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26. (Years)	AGE AT LAST BIRTHDAY	20. (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:27 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Cooper M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/4 1920

G. G. Cooper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of

MAY 24 1967

JAN 21 2014

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration I

Primary Regis

Number
nd Order

393.116-022-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

Registration District No. 108 File No. 82757

No. ..... St.

Primary Registration District No. 2128 Registered No. 288

Hospital .....

FULL NAME OF CHILD Ray Monroe Littlefield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 16 1920

	FATHER	MOTHER
FULL NAME	Warren D. Littlefield	FULL MAIDEN NAME Maude Josephine Dodson
RESIDENCE	Newdale Idaho	Newdale Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	26 (Years)
BIRTHPLACE	Lewis Iowa	Spokane, South Dakota
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

(Signature) Dr. A. O. Martin
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 8/30 1920

G. G. Estes
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

[redacted]

Amended 8-18-60

PLACE OF BIRTH

265-215-0373-155

County of Madison

City of Thornton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 82758

Primary Registration District No. 2178 Registered No. 287

FULL NAME OF CHILD Eleanor Joy Swenson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Aug. 15, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Carl Richard Swenson	FULL MAIDEN NAME: Fredonia Josephine Jensen
RESIDENCE: Burton, Idaho	RESIDENCE: Burton, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Sandy, Utah	BIRTHPLACE: Levan, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:54 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

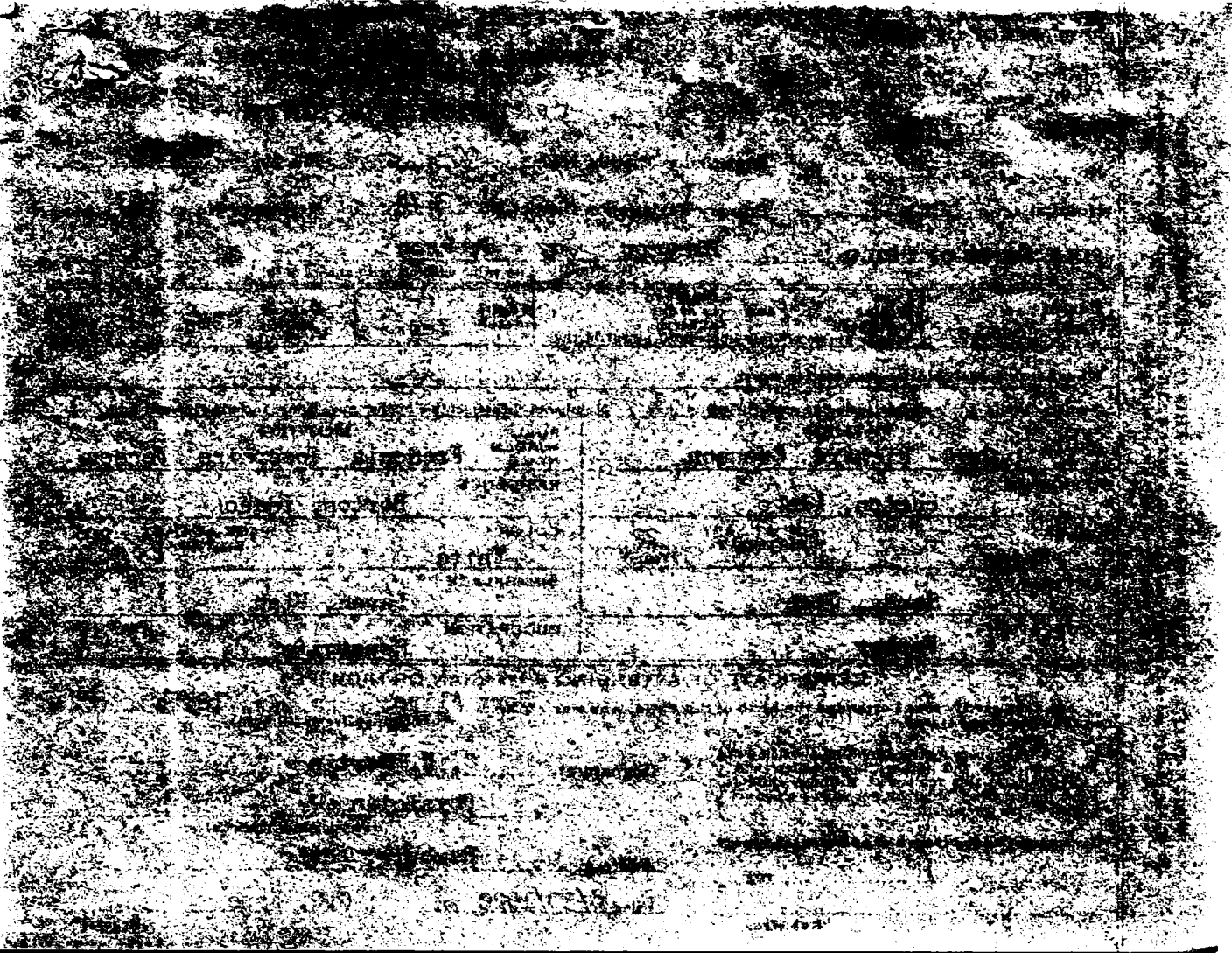
(Signature) C. W. Martin

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 8/30/1920 192.. G.G. Espe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82758

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elenor Joy Swenson (Name on Original Certificate) who born (Was Born or Died) on Aug. 15, 1920 (Date of Event) in Thornton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elenor Joy Swenson	Eleanor Joy Swenson.

Subscribed and sworn to before me this 10th day of August, 1960.

Henry Dietrich

Notary Public, residing at Rexburg, Idaho
My commission expires 4-16-64
(Seal)

Signed Fredonia Josephine Swenson. mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Replevy Ida Box 322
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of August, 1960.

Henry Dietrich

Notary Public, residing at Rexburg, Idaho
My commission expires 4-16-64
(Seal)

Signed Ward E. Jensen Grandmother
(Signature of Any Credible Person)

Replevy Ida. 475-1E.
(Street Address, City, State)

FORM DPH 55.155 CL 2-10-59. one copy pd.

L.D.S. Church Certificate of Blessing, Nov. 7, 1920 gives full name of child as Eleanor Joy Swenson, born Aug. 15, 1920 at Thornton, Idaho to Carl Richard Swenson and Fredonia J. Jensen - viewed by V.S.

Marriage Certificate, Province of Alberta, Canada, July 16, 1941 gives full name of groom as Walter Meng and full maiden name of bride as Eleanor Joy Swenson, license no. 88546 - viewed by V.S.

318-117-033-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 100 File No. 82759

Primary Registration District No. 2178 Registered No. 286

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Only		—	Yes	7 17 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. L. Taylor	FULL MAIDEN NAME	Millissa Smith
RESIDENCE	Lyman Ida.	RESIDENCE	Lyman Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Serviston Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. G. Parkinson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 8/30 1920 G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-2071037-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

Registration District No. 100 File No. 82760

No. ..... St.

Primary Registration District No. 2178 Registered No. 285

Hospital .....

FULL NAME OF CHILD Donna Ellen Ricks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		—	Yes	8 (Month) 7 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. H. Ricks	FULL MAIDEN NAME	Hazel Garner
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Rexburg Ida.	BIRTHPLACE	Sugar City Ida.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 8/30 1920 G. G. Eaton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. AUG 2 [illegible] Certificate No. 87
County of Madison } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Donna Ellen (Name on original certificate) who was born (Was born or died) on August 7, (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
No name	No name	Donna Ellen

Subscribed and sworn to before me this 16 day of Aug 1941

J W Stoker
Notary Public, residing at Sugar Ida
My commission expires Oct 8 - 1944
[SEAL]

Signed Hazel Ele Ricks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Sugar Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Madison }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

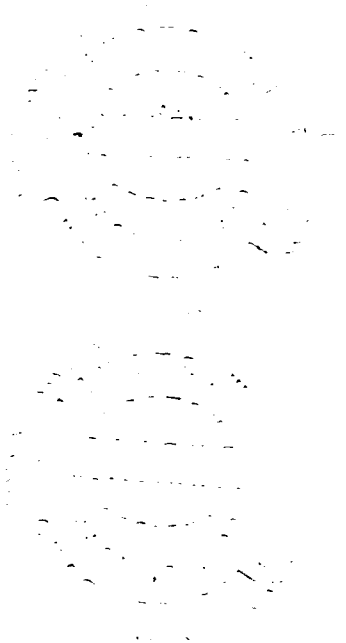
Subscribed and sworn to before me this 16 day of Aug, 1941

J W Stoker
Notary Public, residing at Sugar Ida
My commission expires Oct 8 - 1944
[SEAL]

Signed L P Barrowman
(Signature of any credible person other than the previous affiant)

Sugar City Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)



Amended 11-12-59

PLACE OF BIRTH

639-22-073-694

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 82761

Primary Registration District No. 2178 Registered No. 284

FULL NAME OF CHILD Margaret Alice Olive

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Aug. 22, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: John Thomas Olive, Jr.	FULL MAIDEN NAME: Rachel Widdison
RESIDENCE: Rexburg, Idaho	RESIDENCE: Rexburg, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Wellsville, Utah	BIRTHPLACE: Rexburg, Idaho
OCCUPATION: Carpenter	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician (Physician or midwife)

Address .....

Give names added from a supplemental report.

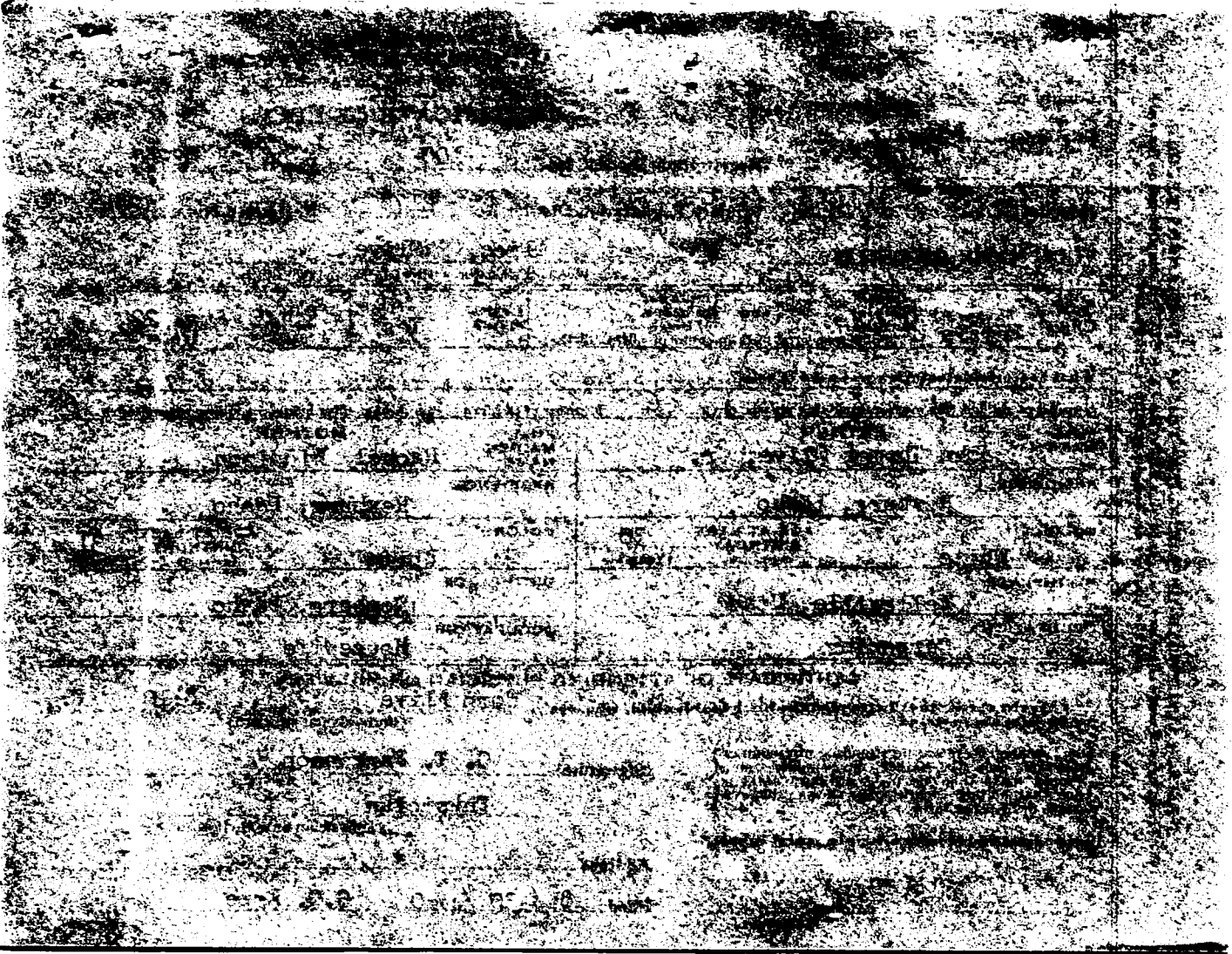
....., 192.....

..... Registrar.

Filed 8 / 30 / 1920 G.G. Espe Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Documents listed on Back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 82761

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed female Olive (Name on Original Certificate) who was born (Was Born or Died) on Aug 22, 1920 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Olive	Margaret Alice Olive
Father's Name	Thomas Olive	John Thomas Olive, Jr.
Mother's Name	Rachell Widdison	Rachel Widdison

Subscribed and sworn to before me this 12th day of June, 19 59
Jason L. Wagner
Notary Public, residing at Aberdeen
My commission expires 8-15-62
(Seal)

Signed Rachel Widdison Olive
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 368 Aberdeen Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 19 59
Jason L. Wagner
Notary Public, residing at Aberdeen
My commission expires 8-15-62
(Seal)

Signed Floyd D. Westover
(Signature of Any Credible Person)
Box 368 Aberdeen Idaho
(Street Address, City, State)

FORM DPH 55.155

L. 4-16-59 1 copy pd

Own Child's Birth Cert. on file, #352114, June 26, 1942 gives name as Margaret Alice Olive - viewed by V.S.

Father's Death Certificate on file, #57335, May 17, 1927 gives name as John Thomas Olive, Jr. - viewed by V.S.

Another Child's Birth Cert. on file, #106794, which gives the Mother's Name as Rachel Widdison - viewed by V.S.

L.D.S. Church Certificate of Birth, entered on record, 4 June 1916 gives Mother's Name as Rachel Widdison - viewed by V.S. - Church Record of Rachel Irene Olive -

Another's Child's L.D.S. Church Record, taken from records of year 1919 - 18th Ward - West Pocatello Stake - Pocatello, Idaho gives Father's Name as John Thomas Olive, Jr. - viewed by V.S.

Application for Membership into the Society of Daughters of the Utah Pioneers, duplicate form #18805 for Margaret Alice Olive Talbot, wife of Hiram B. Talbot, gives parents as John Thomas Olive, Jr. and Rachel Widdison, - applicant admitted March 1, 1948 - viewed by V.S.

449-201-033-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 1/25/77

CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

Registration District No. 100 File No. 82762

No. ..... St.

Primary Registration District No. 2176 Registered No. 283

Hospital .....

FULL NAME OF CHILD Letta Fay Muir

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	None		—	yes	Sept (Month) 1, (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. L. Muir	FULL MAIDEN NAME	Velma Clo Wilcox
RESIDENCE	Sunnydell	RESIDENCE	Sunnydell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sunnydell Ida	BIRTHPLACE	Sunnydell Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Harkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 9/1 1920 T. T. Epse Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS 10 21 AM '76

State of Wash. } ss.
County of King

Certificate No. 82762

Date Filed

Mary Fern Sageser Sister

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Muir (female) (Name on Original Certificate) who was born (Was Born or Died) on ~~Aug 30, 1920~~ SEPT 1 1920 (Date of Event)

in Sunnydell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Letta Fay Muir
Birth date	Aug 30, 1920	Sept 1, 1920
date of filing	8/30/20	9/1/20

Subscribed and sworn to before me this 15th day of June, 1976

Elaine J. Hutchins

Notary Public, residing at Seattle

My commission expires 9-19-78

(Seal)

Signed Letta Fay Muir Maddock Sister

Mary F. Sageser

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

12630 Interurban So. Seattle, Wa. 98168

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 1976

Elaine J. Hutchins

Notary Public, residing at Seattle

My commission expires 9-19-78

(Seal)

Signed Mary F. Sageser

(Signature of Any Credible Person)

13007 SE 151 St Renton Wa 98055

(Street Address, City, State)

FORM DH 60-155 CL 5/26/76 nm

Madison

page from Family Historybook gives name as Letta Fay Muir born Sept 1, 1920 in Sunnydell, Idaho father's nameas James LeRoy Muir and mother's name as Velma. viewed by V. S.

JAN 25 1977

Marriage certif from Washington gives names as Ira Hughes and Letta Fay Muir. Feb 24, 1941 viewed bny [redacted] VS

Letter from Spokane Public Schhools gives names Fay Muir born Sept 1, 1920. attended McKinley school. parent listed as Jaems & Velma Muir. from McKinley Cenusu book May 1, 1930. viewe by [redacted].VS.

693-220-033-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Sunnydell Registration District No. 10 File No. 82763

No. St.

Primary Registration District No. 216 Registered No. 287

Hospital

FULL NAME OF CHILD Ada Leona Wilson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	One	(To be answered only in event of plural births)	Yes	July	20	1920

FATHER		MOTHER	
FULL NAME	Adrian Boyd Wilson	FULL MAIDEN NAME	Mary Allen
RESIDENCE	Sunnydell Ida	RESIDENCE	Sunnydell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Sunnydell Ida	BIRTHPLACE	Sunnydell Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Parkinson

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 8/30 1920

G. G. Yeaple

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236/22-033-599

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 10 File No. 82764

Primary Registration District No. 2178 Registered No. 281

FULL NAME OF CHILD Dyal Emerson Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	August 22 1920

	FATHER	MOTHER
FULL NAME	James Calvin Stone	FULL MAIDEN NAME Pearl Virgin
RESIDENCE	Sugar City	Sugar City
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	31 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Carpenter	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 A. M. on the date above stated.

(Signature) F. B. Evans

Physician

(Physician or midwife)

Address .....

Filed 8/30 1920

F. B. Evans

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 7 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
APR 7 1975
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of: Idaho
County of: Madison } ss.

Certificate No. 82764
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stone (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1920 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dyal Emerson Stone

Subscribed and sworn to before me this 3rd day of April, 1975

Notary Public, residing at Rexburg, Idaho
My commission expires 11-25-78
(Seal)

Signed Loren Dee Stone
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Golden Living Center, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 1975

Notary Public, residing at Rexburg, Idaho
My commission expires 11-25-78
(Seal)

Signed Lowell D. Stone
(Signature of Any Credible Person)

165 So. 1st East Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/17/75 RUSH

Certif. of Blessing from the LDS Church gives name as Dyal Emerson Stone son of James C. Stone and C. Lorinda Virgin. Born Aug. 22, 1920 at Sugar City, Idaho. Was Blessed oct. 3, 1920. viewed by V. S. APR 9 1975

Transcript of schoolrecord gives name as Dyal Stoneborn 8/22/20. address is listed as Sugar City,Idaho. for School years 1935-1939. viewed by V. S.

863/02:033-994

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

Registration District No. ..... File No. 82765

No. ..... St.

Primary Registration District No. ..... Registered No. 28

Hospital .....

FULL NAME OF CHILD John R. Holman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	August 2 1920

FATHER		MOTHER	
FULL NAME	Albert M. Holman	FULL MAIDEN NAME	Mary Rider
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer & Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. B. Evans

Physician

(Physician or Midwife)

Address Sugar City Idaho

Filed 8/30 1920 G. Clarke Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1944

393/15·033-314

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 105 File No. 82766

No. ..... St.

Hospital City

Primary Registration District No. 2178 Registered No. 279

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	8 15 1920

FATHER		MOTHER	
FULL NAME	Spencer Basil Little	FULL MAIDEN NAME	Marie Campbell
RESIDENCE	~~Dawson~~ Tetonia Ida	RESIDENCE	Tetonia Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.53 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Leslie

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 8/21 1920 G Gleslie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-211-033-218

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 82768

Registered No. 277

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lester Luke Briggs	FULL MAIDEN NAME	Mary Lilly Bayliff
RESIDENCE	Archer Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lyman Idaho	BIRTHPLACE	Millom Cumberland Eng
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Aug 11, 1920 (Born alive or stillborn), at 10:40 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margarett Ann Briggs

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Archer Idaho

Filed 8/30 1920

G G Hespe

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363.217.034-169

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted]IDAHO
BU[redacted]L STATISTICS
CER[redacted]OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82769

Primary Registration District No. 2015 Registered No. 169

FULL NAME OF CHILD Helen June Collin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	May 17 1920

FATHER		MOTHER	
FULL NAME	Charles S. Collin	FULL MAIDEN NAME	Inez Beryl Jordon
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Owner Transfer Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Killen

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert

Filed Sept. 2 1920

A. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 11 1964

COLLIN

Dup of 1920-83685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-130-034-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Pomadoka

City of Heyburn

No. _____ St.

Hospital _____

Registration District No. 19 File No. 82770

Primary Registration District No. 2015 Registered No. 170

FULL NAME OF CHILD — WILLIAM ORSON BOWMAN

Sex of Child: Male.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: July (Month) 30 (Day) 1920 (Year)

	FATHER		MOTHER
FULL NAME	STEPHEN W. Bowman	FULL MAIDEN NAME	Theressa White
RESIDENCE	Heyburn Ida	RESIDENCE	Heyburn Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Monerville Utah	BIRTHPLACE	Beaver, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Burley Ida

Filed Sept. 2 1920 E. H. Elmore
Registrar

S-Y-CO 38071

MAR 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Benito }

Certificate No. 82770

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Orson Bowman (Name on Original Certificate) who was born (Was Born or Died) on July 30, 1920 (Date of Event)
in Heyburn, Iowa (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by christening certificate (Bible Record, Insurance Policy, Etc.) prepared on December 14, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	William Orson Bowman
name of father	Steven W. Bowman	Stephen W. Bowman

Subscribed and sworn to before me this 3rd
day of March, 1942

Margaret L O'Donnell
Notary Public, residing at Hollister, Calif

My commission expires March 14, 1942
(Seal)

Signed Stephen W. Bowman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

781 Fourth Street,
Hollister, California.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

Please send 2 copies of certificate for $1.00

MAR 19 1942

253-108-034-759

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 82771

No. ..... St.

Primary Registration District No. 2015 Registered No. 172

Hospital .....

FULL NAME OF CHILD Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Bell	FULL MAIDEN NAME	Maude Geisler
RESIDENCE	Paul Ida	RESIDENCE	Paul Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley, Ida.

Filed Sept. 2 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 0 1 2016

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH 263.204.034-695

County of Mendoza

Amended 8-26-77

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 82772

Primary Registration District No. 2015 Registered No. 172

FULL NAME OF CHILD Dorothy Edna Boldt

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Aaron Boldt	FULL MAIDEN NAME	Anna Freisen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Aug 6 1920 Ett Elmore
Registrar

JUL 18 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. AUG 26 2 50 PM '77 Certificate No. 82772

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Dorothea Edna Boldt (Name on Original Certificate) who was born (Was Born or Died) on August 4, 1920 (Date of Event)

in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	Dorothea	Dorothy

Subscribed and sworn to before me this 26th day of August, 1977

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Ingel P. Spackman

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Marriage Certificate issued by the state of California gives name of bride as Dorothy Edna Boldt. Married August 6, 1938 in the Los Angeles Temple of the L. D.S. Church.
Viewed by V.S.

Certificate of blessing of child gives mother's maiden name as Dorothy Edna Boldt Child born February 12, 1943 at San Mateo, California and Blessed May 11, 1943. in L.D.S.Church. Balboa Ward San Francisco Stake # 197
Viewed by V.S.

962-105-074-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 82773

Primary Registration District No. 2015 Registered No. 172

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jerry Le Ross	FULL MAIDEN NAME	Bulu Ethel Brown
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Colo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Ehmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Aug. 5 1920 Ett Ehmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466107-034-251

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 82774

Primary Registration District No. 9015 Registered No. 17

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Aug. (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Anson Vernon Moore	FULL MAIDEN NAME	Bora Hay Bean
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Tenn	BIRTHPLACE	Mo.
OCCUPATION	Rural Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Aug. 7 1920 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 20, 1940. E.W.

997-106-034-669

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 82775

Primary Registration District No. 2015 Registered No. 176

FULL NAME OF CHILD Edward Lawrence Rigg Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 6 1920

FATHER		MOTHER	
FULL NAME	Edward Lawrence Rigg	FULL MAIDEN NAME	Florence Emily Worthen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Ehmore

M. D.
(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 14 1920 E. T. Ehmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/26/41 rmf

JUL 8 1969

DEC 2 1941

554-12-034-853

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Mundoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 82776

Primary Registration District No. 2013 Registered No. 175

FULL NAME OF CHILD Kenneth Claude Endicott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Aug.	12	1920

FATHER		MOTHER	
FULL NAME	Claud A. Endicott	FULL MAIDEN NAME	Pearl Helbert
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Ills.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Edmonds M. D.
(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug. 14 1920 E. T. Edmonds
Registrar

MAR 4 1943

319-215-074-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 14 File No. 82777

Primary Registration District No. 2013 Registered No. 178

Hospital

FULL NAME OF CHILD Dona Laurece Larson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	8 — 15 — 1920

FATHER		MOTHER	
FULL NAME	Irvin Larson	FULL MAIDEN NAME	Sylva Doris McKerson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

(Signature) Ed H Elmore

M.D.
(Physician or midwife)

Address Rupert

Filed 8-16 1920 Ed H Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

967-117-034-367

No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82778

Primary Registration District No. 2015 Registered No. 178

FULL NAME OF CHILD WALTER CLAY ROGERS

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Aug. 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clay Jarvis Rogers	FULL MAIDEN NAME	Nancy Jane Cope
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

MXD.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Aug 17 1920 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 82778

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Walter Clay Rogers (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 17, 1920 (DATE OF EVENT)
in Rupert Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Walter Clay Rogers

Subscribed and sworn to before me this 21
day of April, 1942

Notary Public, residing at Rupert

My commission expires Dec 14 1942
(SEAL)

Signed E. K. Edmonds M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 23 By
(REGISTRAR'S SIGNATURE)

613.24.034-238

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82779

Primary Registration District No. 2015 Registered No. 178

FULL NAME OF CHILD Leo Orene Walton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Glen Franklin Walton	FULL MAIDEN NAME	Hilda Camilla Schmidt
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed May 28 1920 E H Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1 1944

844-127-034-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 82780

Primary Registration District No. 2015 Registered No. 180

FULL NAME OF CHILD LEE LOUIS HUMPHRIES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Lee Humphries	FULL MAIDEN NAME	Erma Leona Martindale
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	No. C.	BIRTHPLACE	Idaho
OCCUPATION	Clerk-Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11 55 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M D.

(Physician or midwife)

Given names added from a supplemental report.

Lee Louis Humphreys 19

W. C. Murphy State Registrar

Address Rupert

Filed Aug. 30 1920 E H Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 2006

SEP 11 1952

Form V. S. No. 478—5m—6-13

STATE OF IDAHO

BOARD OF HEALTH — BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Rupert

Street and House No.

County Minidoka

Registered No. 180

Registration Dist. No. 19

Sex of Child Male

Date of Birth Aug (MONTH) 27 (DAY) 1913 (YEAR)

Father Arthur J. Lee Humphries (FULL NAME)

Mother Emma Leone Mutchindale (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Lee Louis Humphries (GIVEN NAME IN FULL) (SURNAME)

as reported by mother (FATHER OR MOTHER)

E. H. Blume (LOCAL REGISTRAR)

DEC 10

MAR 20 1967

SEP 11 1952

219-229-034-291

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82781

Primary Registration District No. 2015 Registered No. 181

FULL NAME OF CHILD CLARA ANNA BAILES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abraham H. Bailes	FULL MAIDEN NAME	Violet Brayley
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	W Va	BIRTHPLACE	England
OCCUPATION	Seaborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Aug 30 1920 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MA

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 82781

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Clara Anna Bailes (Birth ~~or Death~~)
for (Name on Original Certificate) who (Was Born ~~or Died~~) on 8-29-1920 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on 8-30-20 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Clara Anna Bailes

Subscribed and sworn to before me this 27th day of February, 1942

A. L. Groves
Notary Public, residing at Boise, Idaho

My commission expires 12-13-42
(Seal)

Signed Violet M. Bailes Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1942

A. L. Groves
Notary Public, residing at Boise, Idaho

My commission expires 12-13-42
(Seal)

Signed G. H. Bailes Father
(Signature of Any Credible Person Other Than Previous Year)

Route 1, Boise, Idaho
(Street Address, City, State)

954124-034-965

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 82782

Primary Registration District No. 913 Registered No. 182

FULL NAME OF CHILD George Eugene Redford

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate Yes | Date of Birth Aug (Month) 24 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Hyrum B Redford	FULL MAIDEN NAME Josephine Christiana Ronnow
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE Nevada
OCCUPATION Attorney	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 120 P. M. on the date above stated.

(Signature) E H Edmonson M D

(Physician or midwife)

Address Rupert

Filed Aug 30 1920 Jeff Edmonson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. [illegible]

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Redford (Name on Original Certificate) who was born (Was Born or Died) on August 24, 1920 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	George Eugene Redford

Subscribed and sworn to before me this 2nd day of June, 19 42

Robert M Kerr Jr

Notary Public, residing at Rexburg Idaho

My commission expires August 22, 1942

(Seal)

Signed H H Redford

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

H H Redford Rupert Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 19 42

Robert M Kerr Jr

Notary Public, residing at Rexburg Idaho

My commission expires August 22, 1942

(Seal)

Signed Hugh Redford

(Signature of Any Credible Person Other Than Previous Year)

By 485 Boise Idaho

(Street Address, City, State)

JUN 2 1942

JUN 10 1966

253-118-034-864

PLACE OF BIRTH amend 8-30-82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82783

Primary Registration District No. 2015 Registered No. 182

FULL NAME OF CHILD Dwight Clarence Betzner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Aug.	18	1920

	FATHER	MOTHER
FULL NAME	Alvin E Betzner	FULL MAIDEN NAME Anna Pearl Young
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	21
BIRTHPLACE	Canada	Ohio
OCCUPATION	Baker	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 25 P. M. on the date above stated.

(Signature) E A Ehmore

M.D.

(Physician or midwife)

Address Rupert

Filed Aug. 30 1920 E A Ehmore

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 .....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 23 9 16 AM '82

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82783

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Betzmer (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 18, 1920 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Betzmer	Dwight Clarence Betzner
date of birth	Aug 18, 1920	~~Aug. 19, 1919~~ Aug 18, 1920
father's last name	Betzmer	Betzner

Subscribed and sworn to before me this 12th day of August 1982.

SHARON AUBLE
Notary Public, State of Nevada
Notary Public residing at Reno, Nv.
WASHOE COUNTY
My commission expires 7/2/85
My Appnt. Expires July 2, 1985
(Seal)

Signed Lucille M. Washington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1483 Frostie Dr. Reno Nev 89509
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of August 1982.

OFFICIAL SEAL
NORMA PETERS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My Commission Exp. Nov. 26, 1982

Notary Public residing at Sacramento County
My commission expires NOV 26 1982
(Seal)

Signed Marguerite E. Brooks
(Signature of Any Credible Person)

9466 Lake Natoma Wk
(Street Address, City, State)
Orangevale, Calif 95662

FORM DH 60-155 AL 9-23-75 NM

AUG 3 0 1982

Birth Certificate from State of Oregon gives Alvin Kent Betzner born 3-5-48 in Portland to father Dwight Clarence Betzner and mother Julianna Hull. State file # 5334. Viewed by V.S.

OCT 2 0 2003

Birth certificate for Harold Hayes Betzner born 12-14-10 in State of Montana city of Terry to Alvin E Betzner and Gertrude Hayes. Viewed by V.S.

Birth Certificate of Lucille Marie Betzner born 1-8-25 in Montana to Alvin Elton Betzner and Anna Pearl Young Viewed by V.S.

Invoice dated 5-14-73 from Schoepper Agency Inc. gives Dwight C Betzner of Portland, OR. Viewed by V.S.

231-220-034-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 82784

No. ..... St.

Primary Registration District No. 2015 Registered No. 184

Hospital .....

FULL NAME OF CHILD Betty Blackington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) – 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Emmett Blackington	FULL MAIDEN NAME	Ruby Clark.
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Utah.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Ida.

Filed Sept. 2 1920 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-128-034-293

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No. 82785

No. ..... St.

Primary Registration District No. 2015 Registered No. 185

Hospital .....

FULL NAME OF CHILD Ralph Allen Winters

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	8 28 1920

FATHER		MOTHER	
FULL NAME	Wm Winters	FULL MAIDEN NAME	Jennie Bilderback
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) C. P. Groom M. D.
(Physician or midwife)

Address Rupert Idaho

Filed Sept. 2 1920 A. W. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-215-034-382 amend 7-12-83 dl

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82786

Primary Registration District No. 2015 Registered No. 186

FULL NAME OF CHILD Bernice Jewel Holloway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) ~~18~~ 15th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter C. Hollaway	FULL MAIDEN NAME	Anna Tyson
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebr.
OCCUPATION	Boiler maker	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Idaho

Filed Sept. 2 1920 E. W. Tinnon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1969

7-1-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 11 2 01 PM '83

State of Kansas
County of Reno } ss.

Certificate No. 82786
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Holloway (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 13, 1920 (Date of Event)

in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Bernice Jewel Holloway
date of birth	Aug 13, 1920	Aug 15, 1920

Subscribed and sworn to before me this 5th day of July, 1983

Notary Public, Judith K. Thompson

Residing at 201 N Main Hutchinson Ks

My commission expires JUDITH K. THOMPSON 3-30-84

(Seal) Notary Public
State of Kansas
My Appt. Expires 3-30-84

X Bernice Jewel Holloway Mengedoht
Signature of Applicant

X 102 E 10th St Hutchinson Ks 67501
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2 cc pd

Notarized affidavit signed by mother states Bernice Jewel Holloway was born to her on Aug 15, 1920. Signed by Mrs Anna Holloway and dated Aug 3, 1977. Viewed by V.S.

JUL 12 1983

Birth Certificate from St. Elizabeth's Mercy Hospital lists Rebecca Ruth Menefee born July 15, 1953 to Jerry Glen Menefee and Bernice Jewel Holloway. Mothers birth date listed as Aug 15, 1920. Viewed by V.S.

366.207.034-745

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No. 82787

No. ..... St.

Primary Registration District No. 2015 Registered No. 187

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	8-7-1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur W. Coffman	Hazel Gunter
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Kansas	Ida.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Address Rupert Ida.

Filed Sept. 2 1920 Ett Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1969

855-209-034-256

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 82788

No. ..... St.

Primary Registration District No. 2015 Registered No. 188

Hospital .....

FULL NAME OF CHILD CLARA MARIE HEER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8-9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Heer	FULL MAIDEN NAME	Lizzie Model
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	So. Dak	BIRTHPLACE	So. Dak.
OCCUPATION	Dry Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Filed Sept. 2 1920 E. H. Ehrne
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 82788

JAN 23 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Clara Marie Heer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 9th 1920 (DATE OF EVENT)
in Minidoka County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Clara Marie Heer

Subscribed and sworn to before me this 19th
day of January, 19 42

Notary Public, residing at Rupert, Idaho

My commission expires March 15th 1944
(SEAL)

Signed Karl Steer. father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rupert, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By
(REGISTRAR'S SIGNATURE)

884-108-034-133

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82789

Primary Registration District No. 2015 Registered No. 189

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	8 – 8 1920

FATHER		MOTHER	
FULL NAME	Rosel P. Hyde	FULL MAIDEN NAME	Carrie Allen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Ida

Filed Sept. 2 1920 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

248-101-034-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82790

Primary Registration District No. 2015 Registered No. 190

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	8 (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Andy A. Biehle	FULL MAIDEN NAME	Florence M. Williams
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Filed Sept. 2 1920 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIEHL

Dup of 1920-3365601

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219.102 ~~034~~ 219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 82791

No. ..... St.

Primary Registration District No. 2015 Registered No. 191

Hospital .....

FULL NAME OF CHILD DANIEL ELBERT BAIRD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8 (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Richard Baird	FULL MAIDEN NAME	Mary Bailey
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Colo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Ida

Filed Sept. 2 1920 Ett Thurse
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82791

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Daniel Elbert Baird (Name on Original Certificate) who Born (Was Born or Died) on August 2 1920 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "~~Birth~~ Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Daniel Elbert Baird

Subscribed and sworn to before me this 5th
day of March, 1942

A E De Mary

Notary Public, residing at Rupert Idaho

My commission expires July 6 1943
(Seal)

Signed Richard Baird
(Signature of parent ~~or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of March, 1942

A E De Mary

Notary Public, residing at Rupert, Idaho.

My commission expires July 6, 1943
(Seal)

Signed Mrs Vor Schofield.
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 13 1970

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-13-034-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 82792

No. ..... St.

Primary Registration District No. 9015 Registered No. 192

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	8 31 1920

FATHER		MOTHER	
FULL NAME	Frank Saylor	FULL MAIDEN NAME	Minnie Rickert
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept. 1 1920 E M Elmore
Registrar

751-223-034-295

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82793

Primary Registration District No. 2015 Registered No. 193

FULL NAME OF CHILD NADA MARIE PEARSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	8 (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leo Pearson	FULL MAIDEN NAME	Hazel Kingsford
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept. 1 1920 E H Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 82793

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on Aug. 23, 1920. (Date of Event)
in Rupert, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record, (Bible Record, Insurance Policy, Etc.) prepared on Soon after birth, (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Nada Marie Pearson

Subscribed and sworn to before me this 22
day of June, 1942.

Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1943.
(Seal)

Signed Leo V. Pearson Father.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

809 D street, Rupert, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of June, 1942.

Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1943.
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

924, 3rd. St. Rupert, Idaho.
(Street Address, City, State)

JUN 24 1942

JUN 26 1942

248424-

[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

016 114

County of Cassia

City of Rupert R FD #3

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 82794

Primary Registration District No. 2015 Registered No. 194

FULL NAME OF CHILD FREDERICK JAMES SMYTHE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	1			yes	8-24 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benj. Richard Smyth	FULL MAIDEN NAME	Pamila James
RESIDENCE	Jackson	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	New Brunswick	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept. 1 1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 19 1942 Certificate No. 82794

County of Power } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed Smythe (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug 24, 1920 (DATE OF EVENT)

in Rupert, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Omitted Smyth	Frederick James Smythe

Subscribed and sworn to before me this 15th day of January, 1942

Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO

My commission expires MY COMMISSION EXPIRES OCTOBER 22, 1943 (SEAL)

Signed Pamela James Smythe X

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

AMERICAN FALLS, IDAHO (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Power }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 1942

Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO

My commission expires MY COMMISSION EXPIRES OCTOBER 22, 1943 (SEAL)

Signed C M Cobb (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

718 Tyhee Ave, American Falls, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By ..... (REGISTRAR'S SIGNATURE)

JAN 26 1942

469103.034 866

PLACE OF BIRTH

[redacted] BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 14 File No. 82795

No. ..... St.

Primary Registration District No. 2015 Registered No. 193

Hospital .....

FULL NAME OF CHILD Warren Raymond Morgan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	8 3 1923

FATHER		MOTHER	
FULL NAME	Arthur Morgan	FULL MAIDEN NAME	Addie Howard
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:04 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kempagy

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

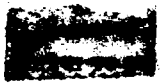
Filed Sept. 1 1923 A H Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Minidoka }

SEP 23 1942

Certificate No. 82795

Date Filed Sept. 21-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Warren Raymond Morgan (Name on Original Certificate) who was Born (Was Born or Died) on Aug. 3 1920 (Date of Event)
in Rupert Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Warren Raymond Morgan

Subscribed and sworn to before me this 21 day of September, 1942.

M D Jensen
Notary Public, residing at Rupert
My commission expires June 21- 1943
(Seal)

Signed Arthur Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
Route 2, Rupert Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 20 1966

SEP 24 1942

612-128-034-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No. 82796

No. ..... St.

Primary Registration District No. 2015 Registered No. 196

Hospital .....

FULL NAME OF CHILD Williams Kendall Wakewood

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy				Yes	8	28th	1920

FATHER		MOTHER	
FULL NAME	John Wakewood	FULL MAIDEN NAME	Jane A Kendall
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	N York City	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 M. on the date above stated.

(Signature) J B Spencer

Physician (Physician or midwife)

Address .....

Filed Sept. 1 1920 E H Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 82796

County of Minidoka } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Kendall Wakewood (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Aug 28 1920 (DATE OF EVENT)

in Rupert Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Shortly after birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Kendell	William Kendall Wakewood
Date	Aug. 27th	Aug. 28, 1920

Subscribed and sworn to before me this 27 day of Nov., 1942

S H B Redfords

Notary Public, residing at Rupert Idaho

My commission expires Feb. 9 1946

(SEAL)

Signed Mrs J Wakewood

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R.F.D. No 2 Rupert Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Minidoka

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of Nov., 1942

S H B Redfords

Notary Public, residing at Rupert Idaho

My commission expires Feb. 9 1946

(SEAL)

Signed Wilbrow Gibson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rupert Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 2 9 1974

DEC 1 1942

651-223-

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

034944

County of Minidoka

City of P.O. Minidoka

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 82797

Primary Registration District No. 2015 Registered No. 197

FULL NAME OF CHILD NYLA JUNE Weaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug. 23 1920

FATHER		MOTHER	
FULL NAME	Jacob M. Weaver	FULL MAIDEN NAME	Nannie Elizabeth Rumbach
RESIDENCE	P.O. Minidoka	RESIDENCE	P.O. Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 37 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Sept. 2 1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Lane }

Certificate No. 82797

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nyla June Weaver (Name ~~of Original Certificate~~) in bible who Born (~~Was~~ Born or Died) on Aug 23 - 1920 (Date of Event)
in at home (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ——— (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Nyla June Weaver

Subscribed and sworn to before me this 5th day of May, 1942

Gladys E. Paby
Notary Public, residing at Eugene, Oregon

My commission expires February 28, 1945
(Seal)

Signed J. M. Weaver
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

1367 Lawrence Eugene Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 1942

Notary Public, residing at Eugene, Oregon

My commission expires Jan. 15, 1943.
(Seal)

Signed Ossie Johnston
(Signature of Any Credible Person Other Than Previous Year)

543½ E 13th Eugene Oregon
(Street Address, City, State)

MAY 20 1942

MAY 8 8 1942

553 113-034 655

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R.F.D. Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 82798

Primary Registration District No. 2015 Registered No. 198

FULL NAME OF CHILD DARCY WILLIAM Nelson

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth August (Month) 13" (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Cyrus Wm Nelson	FULL MAIDEN NAME	May Iona Fenton
RESIDENCE	R.F.D. Rupert, Idaho	RESIDENCE	R.F.D. Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colorado	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Idaho.

Filed Sept 2 1920 E H Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 82798
Date Filed Dec. 10, 1941

The undersigned does solemnly swear that certain facts on the certificate of Aug 13, 1920 (Birth or death)

for Darcy Wm Nelson (Name on original certificate) who Aug 13-1920 (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Nelson	Darcy Wm. Nelson
Sex	Female	Male

Subscribed and sworn to before me this
day of 12th Dec, 1941
H A Boyer
~~Notary Public~~, residing at Probate Judge Rupert Ida
My commission expires
[SEAL]

Signed W C Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
W C Nelson
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before ~~me~~ this
day of Dec. 12th, 1941
H A Boyer
~~Notary Public~~, residing at Probate Judge
My ~~commission expires~~ Rupert Ida
[SEAL]

Signed (Rev.) D. L. McElligott
(Signature of any credible person other than the previous affiant.)
866 "F" St
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

K

MAR 2 0 1945

DEC 2 3 1941

856116-035-789

No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Southwick

No. ..... St.

Hospital .....

STATE OF IDA[redacted]
BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 82799

Primary Registration District No. 2170 Registered No. 25

FULL NAME OF CHILD Everett Clarence Hewett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		4	Yes	Aug 16 1920

FATHER

FULL NAME Clarence E. Hewett

RESIDENCE Southwick

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Pearl Phillips

RESIDENCE Southwick

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Iowa

OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

(Signature) J. W. Stoneburner M. D.

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

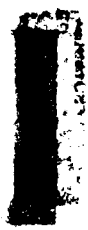
Registrar

Filed 8-31 1920

E E Watts

Registrar

c.c. 4/18/41. WH



249-219-035-652

Form V. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ny Perece

City of Leland

Registration District No. 92 File No. 82800

No. ..... St.

Primary Registration District No. 2170 Registered No. 24

Hospital .....

FULL NAME OF CHILD Aileen Elizabeth Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		3	Yes	July (Month) 19 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Russel Smith	FULL MAIDEN NAME	Violia Wester
RESIDENCE	Leland Ida	RESIDENCE	Leland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	~~Mo.~~ Kan.	BIRTHPLACE	Mo.
OCCUPATION	Hardware	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stoneburner M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 8-31 1920

E E Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-231938

[redacted]-286

Form V. S. No. 11-C-25m-7-21-19

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Southwick Registration District No. 92 File No. 82801

No. ..... St.

Primary Registration District No. 2170 Registered No. 23

Hospital .....

FULL NAME OF CHILD Louise Ward Stalnaker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		4	Yes	June (Month) 22 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis E. Stalnaker	FULL MAIDEN NAME	Myrtle Shoemake
RESIDENCE	Southwick Ida.	RESIDENCE	Southwick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	West Vir.	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Stoneburner

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Leland Idaho

Filed 8-31 1920

E E Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for [redacted] and the number of each, in order of birth stated.

K

[redacted]

386.215.035-683

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Southwick Registration District No. 92 File No. 82802

No. ..... St.

Primary Registration District No. 2170 Registered No. 22

Hospital .....

FULL NAME OF CHILD Ethel Thompson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		4	Yes	June 15 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Thompson	Stella Ayler
RESIDENCE	Southwick Ida.	Southwick
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	Kas	Idaho.
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bromaline, (Born alive or stillborn) at 11-30 P. M. on the date above stated.

(Signature) Dr J. W. Stoneburner

(Physician or midwife)

Address Lenore, Idaho

Filed 8-31 1920 E. E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-204 035-954

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Gifford

Registration District No. ..... File No. 82803

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret R. Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Albert Johnson	FULL MAIDEN NAME	Elizabeth Remo
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Alvord Gore, M. D.

Reubens, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 8 - 31 1920

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 3 1942

344-230-035-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 82804

Primary Registration District No. 2170 Registered No. 26

FULL NAME OF CHILD Baby La Dow, Lois Maureen

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8-30 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Hulland LaDow	FULL MAIDEN NAME	Alda Walker
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34	COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Home-wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.40 P. M. on the date above stated.

(Signature) M. Alvord Gore, M.D.

(Physician or midwife)

Address Pierce, Idaho.

Filed 8-31 1920 E E Watts Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of NezPerce

OCT 22 1941
RECEIVED

Certificate No. 82804
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or death)
for ____ (Name on original certificate) who ____ (Was born or died) on ____ (Date of event)
in ____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (Bible record, insurance policy, etc.) prepared on ____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed LaDow	Lois Naureen LaDow

Subscribed and sworn to before me this 21st
day of October, 19 41
Ruth V. Akins
Notary Public, residing at Lewiston, Idaho
My commission expires Aug. 15, 1942
[SEAL]

Signed Alda M. LaDow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Peck, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of NezPerce

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of October, 19 41
Ruth V. Akins
Notary Public, residing at Lewiston, Idaho
My commission expires Aug. 15, 1942
[SEAL]

Signed Nell M. Richardson
(Signature of any credible person other than the previous affiant.)
Gifford, Idaho
(Street Address, City, State)

Received for filing on ____ By ____
(Registrar's signature)

SEP 11 1956
JUN 13 1967

853-201-035-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston.

No. 1204 - 7. St.

Hospital

Registration District No. 96 File No. 82805

Primary Registration District No. 1009 Registered No. 524

FULL NAME OF CHILD Elsie Frances Hettinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 1 1920

FATHER		MOTHER	
FULL NAME	George Washington Hettinger	FULL MAIDEN NAME	Eliza Catherine Dodson
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	49 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Mo.
OCCUPATION	Railroadman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

(Physician or ~~midwife~~)

Address Lewiston, Idaho.

Filed Sept- 8 1920 Susan E Bruce Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 4/5/41 [illegible]

299-101-035-551

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 47 Silcott Lane St.

Registration District No. 96 File No. 82806

Primary Registration District No. 1009 Registered No. 523

Hospital

FULL NAME OF CHILD Phillip Wilfred Kirby

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 1st (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wilfred C Kirby	FULL MAIDEN NAME	Vera C Evans
RESIDENCE	47 Silcott Lane	RESIDENCE	47 Silcott Lane
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Mgr. Meat Market	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Broddock

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Lewiston, Idaho

Filed Sept 8 1920 Susan E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1942

556102-035-719

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 2428 Me St.

Hospital N.S.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 96 File No. 82807

Primary Registration District No. 1009 Registered No. 526

FULL NAME OF CHILD Pat Harlan Newcomb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	8 2 1920

FATHER		MOTHER	
FULL NAME	Archie Ray Newcomb	FULL MAIDEN NAME	Isabel McGarvey
RESIDENCE	Lewiston	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wis	BIRTHPLACE	Mich.
OCCUPATION	Common Laborer.	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins (Physician ~~or midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19....

Filed Sept 8 1920 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1969

MAR 3 0 1956

DEC 2 0 1944

563-207.035-464

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 82808

Hospital St Joseph.

Primary Registration District No. 1009 Registered No. 527

FULL NAME OF CHILD Virginia Nolan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of Birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 3 1920

FATHER		MOTHER	
FULL NAME	William Ray Nolan	FULL MAIDEN NAME	Maude Mounsey
RESIDENCE	Garfield, Wash.	RESIDENCE	Garfield Wash.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:15 a. M. on the date above stated.

(Signature) Paul W Johnson

(Physician or midwife)

Address Lewiston, Idaho

Filed Sept 8 1920 Susan E Brun
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264/103-035-285

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL [redacted]
CERTIFICATE [redacted]

No. 11-C—25m-7-21-19

County of Nez Perce.

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 82809

Primary Registration District No. 1009 Registered No. 528

Hospital St Joseph.

FULL NAME OF CHILD Richard Shearer Bodine.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Aug 3 1920.

FATHER		MOTHER	
FULL NAME	David Bodine.	FULL MAIDEN NAME	Virginia Shearer.
RESIDENCE	Craigmont, Idaho.	RESIDENCE	Craigmont, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	New York.	BIRTHPLACE	Idaho.
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Broadbeck

(Physician or ~~midwife~~)

Address Lewiston, Idaho.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept-8 1920 Brown E Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789.205-075-792

PLACE OF BIRTH

Form V. S. No. 11-C 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 91 File No. 82810

No. ..... St.

Primary Registration District No. 1009 Registered No. 529

Hospital St. Joseph's

FULL NAME OF CHILD Mildred Mary Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legal male?	Date of Birth (Month) (Day) (Year)
female		Yes.	Aug 5 1920

	FATHER	MOTHER
FULL NAME	Frank A. Phillips	FULL MAIDEN NAME Elizabeth Gilbert
RESIDENCE	Lewiston Idaho.	Lewiston Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Wash.	Wis.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Broadbeck

(Physician or midwife)

Address Lewiston Idaho.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Sept 8 1920 Doran E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1943

JUN 21 1943

339-26-035-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Registration District No. 96 File No. 82811

No. ____ St.

Hospital St Joseph Primary Registration District No. 1009 Registered No. 530

FULL NAME OF CHILD Margaret Helen Clift.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes.	Aug 6 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clare Clift.	Minnie Marker.
RESIDENCE	Lewiston Idaho.	Lewiston Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Wash.	Idaho.
OCCUPATION	Clerk Furniture Store	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Paul W Johnson

(Physician or midwife)

Address Lewiston, Idaho.

Filed Sept 8 1920 Emma E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1964

863208-035-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____ St.

Hospital St Joseph

Registration District No. 96 File No. 82612

Primary Registration District No. 1009 Registered No. 5-81

FULL NAME OF CHILD Agnes Jochum

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Aug 8 1920

FATHER

FULL NAME Joseph B. Jochum.

RESIDENCE Peola Wash.

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Austria

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Victoria Doblander

RESIDENCE Peola Wash.

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Austria

OCCUPATION Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 11 P. M. on the date above stated.

(Signature) Paul W Johnson

(Physician ~~or midwife~~)

Address Lewiston, Idaho.

Filed Sept 8 1920 Susan E Bruce Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1960
MAR 1 5 1967

296-214-035-666

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 411 - 15th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 82813

Primary Registration District No. 1009 Registered No. 532

FULL NAME OF CHILD BETTY JEAN Brown

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Aug	14	1920

	FATHER	MOTHER
FULL NAME	Burleigh Long Brown	Anna Woodend
RESIDENCE	Lebanon, Idaho	Lewiston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	North Dak.	Wash.
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 8 a. M. on the date above stated.

(Signature) Paul O. Johnson

(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed Sept 8 1920 Susan E Bince
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whitman } ss.

Certificate No. 82813

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Aug. 14, 1920 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Betty Jean Brown

Subscribed and sworn to before me this 30th
day of July, 19 42
Notary Public, residing at Tekoa, Wash.
My commission expires Aug. 26, 1942
(Seal)

Signed Burleigh L. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Tekoa, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whitman } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of July, 1942
Notary Public, residing at Tekoa Wash.
My commission expires Aug. 26, 1942
(Seal)

Signed W. E. Abegglen D.O.
(Signature of Any Credible Person Other Than Previous Year)
Tekoa Washington
(Street Address, City, State)

AUG 3 1942

AUG 5 1942

365·216·035-449

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 2001 G St.

Registration District No. 96 File No. 82814

Primary Registration District No. 1009 Registered No. 353

Hospital

FULL NAME OF CHILD Rachel Love

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 16 1920.

FATHER		MOTHER	
FULL NAME	Gregory Love	FULL MAIDEN NAME	Marianna Muzzi
RESIDENCE	Lewiston, Idaho.	RESIDENCE	Lewiston Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27.
COLOR	White.	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Italy.	BIRTHPLACE	Italy.
OCCUPATION	Shoemaker.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 5:30 P. M. on the date above stated.

(Signature) Ella Broadbeck

(Physician or midwife)

Address Lewiston Idaho

Filed Sept. 8 1920 Ivan E Bruce
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1943

455-22-035-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston

Registration District No. 96 File No. 22815 534

No. ____ St.

Hospital St. Joseph. Primary Registration District No. 1009 Registered No. ____

FULL NAME OF CHILD Donna Jean Denson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes.	Aug	24	1922

	FATHER	MOTHER
FULL NAME	Richard E. Denson	FULL MAIDEN NAME Fay M. Stinson
RESIDENCE	Lewiston Idaho.	Lewiston Idaho.
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	25.	26
BIRTHPLACE	Wis.	Oregon
OCCUPATION	Banker	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 3 A. M. on the date above stated.

(Signature) [redacted] Johnson

(Physician or midwife)

Address Lewiston Idaho.

Filed Sept-8 1922 Dean E Bruce Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-127-235-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 202 - 27th St.

Hospital

Registration District No. 96 File No. 82816

Primary Registration District No. 1009 Registered No. 535

FULL NAME OF CHILD Jay Kirkpatrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J Franklin Kirkpatrick	FULL MAIDEN NAME	Edith June White
RESIDENCE	Lewiston Idaho.	RESIDENCE	Lewiston, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Queenstown So. Africa.
OCCUPATION	Capt Salvation Army	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Lewiston Idaho.

Filed Sept 8 1920 Susan E Bruce

Registrar

Registrar

APR 2 0 1973

JUN 3 0 1942

754-128-035-663 child's name added 12/13/93tlc

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

Registration District No. 96 File No. 82817

Primary Registration District No. 1009 Registered No. 536

FULL NAME OF CHILD David Philip Peden

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Aug (Month) 28 (Day) 1920 (Year)

FATHER

FULL NAME: James C. Peden

RESIDENCE: Clarkston Wash.

COLOR: White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE: Scotland

OCCUPATION: Warehouseman

MOTHER

FULL MAIDEN NAME: Catherine Wolf

RESIDENCE: Clarkston, Wash.

COLOR: White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (born alive or ~~stillborn~~), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Paul W Johnson

(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed Sept 8 1920 Susan E Brisse Registrar

ALL-PURPOSE ACKNOWLEDGEMENT

STATE OF California
COUNTY OF Placer } ss.

On 11-30-93 before me, the undersigned, a Notary Public in and for said State

personally appeared David Philip Peden
Name(s) of Signer(s)

☒ Personally known to me **OR** ☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

OFFICIAL SEAL
SHARON M. HANE
NOTARY PUBLIC-CALIFORNIA
PLACER COUNTY
MY COMMISSION EXPIRES AUGUST 15, 1995

Witness my hand and official seal.

Sharon M. Hane
Signature of Notary

(This area for official notarial seal)

Sharon M. Hane
Name (Typed or Printed)

Capacity Claimed by Signer:

- ☐ Individual(s)
- ☐ Corporate Officer(s)

Title(s)

- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Guardian/Conservator
- ☐ Other:

Signer is Representing:
Name of person(s) or Entity(ies)

ATTENTION NOTARY: Although the information requested below is **optional**, it could prevent fraudulent attachment of this certificate to another document.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT THE RIGHT:

Title or Type of Document Affidavit To Correct or Amend An Original Certificate

Number of Pages 1 Date of Document 11-19-93

Signer(s) Other Than Named Above

SAV-191 (5/93)

11-19-93

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

DEC 3 11 18 AM '93

State of _____ } ss.
County of _____ }

Certificate No. 82817
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Peden (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 28, 1920 (Date of Event)

in Lewiston (NesPerce) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Peden	~~David Phillip Peden~~ DAVID PHILIP PEDEN

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X David Phillip Peden
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Nez Perce County birth registration from the Clerk of the District Court and Ex-officio Auditor and Recorder of Nez Perce County for the years of 1908 to 1921 statement dated Jan. 11, 1953 shows David Phillip Peden was born 8-28-20 viewed vs 11-19-93 ms.

DEC 13 1993

Church certificate of Baptism from Church of Holy Family, Clarkston, Washington gives name as David Philip Peden born to James C. Peden and Mary Augusta Wolf. Born August 28, 1920. Baptized Sept. 12, 1920 by Rev.E. Jordan. Dated Jan. 13, 1953 viewed by VS

693-1291035-693

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston, Ida.

Registration District No. 96 File No. 82818

No. _____ St.

Primary Registration District No. 1009 Registered No. 537

Hospital _____

FULL NAME OF CHILD Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		No	8 29 1920

FATHER		MOTHER	
FULL NAME	Jesse James (fictitious)	FULL MAIDEN NAME	Perlie E. Williams
RESIDENCE	unknown	RESIDENCE	1350 Main St.
COLOR	—	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	—	BIRTHPLACE	Tex.
OCCUPATION	—	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Lewiston, Ida.

Filed Sept 8 1920 Susan E. Bruce
Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

136-129 [redacted]

035-319

Form V. S. No. 11-C—25m-1-1-18

[redacted]STICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital Whites

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 82819

Primary Registration District No. 1009 Registered No. 538

FULL NAME OF CHILD George Gordon Alford (Aug 29, 1920

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	~~Aug~~ Aug 29 1920

FATHER		MOTHER	
FULL NAME	Eugene L Alford	FULL MAIDEN NAME	Allice Larson
RESIDENCE		RESIDENCE	140. 10 St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Dallas Texas	BIRTHPLACE	Dayton Wash
OCCUPATION	Manager of Newspaper	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address 269. 6 St Lewiston

Filed Sept 2 1920 Susan E Bruce

Registrar

Registrar

S-Y CO. 24655

[redacted]

CERTIFICATE OF BIRTH

381-231-235-257

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 82820

No. ..... St.

Hospital St Joseph

Primary Registration District No. 1009 Registered No. 539

FULL NAME OF CHILD Chamberlain

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 31 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Chamberlain	FULL MAIDEN NAME	Dra Beckridge
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Railroad	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John M. Alley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston Idaho

Filed Sept-8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

136-212-35-212

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital W. Pitts

Registration District No. 96 File No. 82821

Primary Registration District No. 1009 Registered No. 540

FULL NAME OF CHILD Mary Priscilla Atwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	X	X	Yes	8 (Month) 12 (Day) 1920 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Atwood	Mary Priscilla Bassett
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Mo.	Minn
OCCUPATION	Bank Teller	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or still born) at 12 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

(Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

368-1044036-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Marsing.

Registration District No. 26 File No. 82822

No. ..... St.

Primary Registration District No. 2069 Registered No. 143

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	6 — 4 — 1920

FATHER		MOTHER	
FULL NAME	Chas. Toyland.	FULL MAIDEN NAME	Stella Williams
RESIDENCE	Marsing Ida.	RESIDENCE	Marsing Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Marsing Ida
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M. D.
(Physician or midwife)

Address Marsing Ida.

Given names added from a supplemental report.

Frank Toyland 19....

W. C. Murphy State Registrar

Filed Aug 31 1920 R. M. Auer M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-231-036-855

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Oneida

City of Holbrook

Registration District No. 26 File No. 82823

No. ..... St.

Primary Registration District No. 2064 Registered No. 144

Hospital .....

FULL NAME OF CHILD Bethene Spahr

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	July 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl W Spahr	FULL MAIDEN NAME	Mabel Henderson
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Washington
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Allen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Aug 31 1920

B M Maier M D
Registrar

Registrar

K

JUN 23 1964

219-102-036-168

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 82824

Primary Registration District No. 2069 Registered No. 45

FULL NAME OF CHILD John James Barrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Aug 2 1920

FATHER		MOTHER	
FULL NAME	Ambrose M. Barrett	FULL MAIDEN NAME	Mandy Johnson
RESIDENCE	Malad Idaho	RESIDENCE	Malad, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Malad, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) R. D. Mauer M.D
Physician
(Physician or midwife)

Address Malad, Idaho.

Filed Aug 31 1920

R. D. Mauer M.D
Registrar

DEC 2 9 1941

FEB 1 0 1953

NOV 0 1 2013

366-204-536-165

PLACE OF BIRTH

Form V. S. No. 11 C. 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Registration District No. 26 File No. 82825

No. ..... St.

Primary Registration District No. 2069 Registered No. 176

Hospital .....

FULL NAME OF CHILD NADINE LOWRY

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 4 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles L Lowry	FULL MAIDEN NAME	Rosa Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Virginia	BIRTHPLACE	Utah
OCCUPATION	Bus Driving	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed Sept 21 1920

R W Jones M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }
County of _____ } ss.

Certificate No. 82825

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Nadine Lowry

Subscribed and sworn to before me this 14th day of March, 1942

Notary Public, residing at Malad, Idaho

My commission expires Jany20, 1943
(Seal)

Signed Charles Lowry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1942

Notary Public, residing at Malad City, Idaho

My commission expires Jany 20, 1943
(Seal)

Signed Howell M Williams
(Signature of Any Credible Person Other Than Previous Year)

Malad City RFD#2, Idaho
(Street Address, City, State)

MAR 19 1942

749-1051036-296

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Registration District No. 26 File No. 82826

Primary Registration District No. 2069 Registered No. 147

FULL NAME OF CHILD Larry Nicholas Guidinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 5 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar Guidinger	Jane Brown
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Nebraska	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 9, M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Mauer M.D

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

Lorraine Nicholas Guidinger

W. C. Murphy State Registrar

Filed Aug 31 1920

R. J. Mauer M.D Registrar

REGISTERED

APR 22 1941

AFFIDAVIT

State of Idaho

ss

County of Bannock

Edgar A. Guidinger of the village of Downey, County of Bannock, State of Idaho, being duly sworn, doth depose and say, that he is the Father of Larry Nicholas Guidinger, who was born August 5th, 1920, to E. A. and Jane Brown Guidinger.

And further this deponent says not.

Edgar A. Guidinger

Subscribed and sworn to before me this 21st day of April, A. D. 1941.

E. N. Lundgren

Notary Public, Downey, Idaho

c.c. 4/25/41. w.h.

312-107-036-866

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 82827

Primary Registration District No. 2069 Registered No. 145

FULL NAME OF CHILD Stanley Howard Castleton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 7 1920 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Harold Castleton		Hilda Howard
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	~~Housewife~~ Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Maner M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Stanley Howard Castleton

Address Malad

W. C. Murphy State Registrar

Filed Aug 30 1920

R J Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-11-41 G. J.

799-108-038-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Malad

City of Inuda

Registration District No. [illegible]

File No. 82828

No. _____ St.

Primary Registration District No. 2069

Registered No. 149

Hospital _____

FULL NAME OF CHILD Price, Leonard Dale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	aug. 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Josiah Price	FULL MAIDEN NAME	Beatrice Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad city	BIRTHPLACE	Wash Kee Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A Hughes

mid wife (Physician or midwife)

Given names added from a supplemental report.

Leonard Dale Price 1920

Address Malad

Filed Aug 31 1920

[illegible] State Registrar

[illegible] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

·249-09-0036-5556

Amended 6-4-62

(Be sure the information is complete and accurate)

State File No. 82829

Local Reg. No. 150

Reg. Dist. No. 26

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Wallace b. (Middle): Edgar c. (Last): Smith

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 9, 1920

FATHER OF CHILD

7. FULL NAME a. (First): Burnett b. (Middle): c. (Last): Smith, Jr.

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Minnie b. (Middle): c. (Last): Newhouse

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: R. T. Mauer, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Malad, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Aug. 31, 1920

20. REGISTRAR'S SIGNATURE: R.T. Mauer, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

...dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Own Child's Birth Cert. on file: (Idaho Birth) #366295 gives full name of father as Wallace Edgar Smith - viewed by V.S. Department of Commerce, Civil Aeronautics Administration, Certificate, Ground Instructor, No. 103249, Aircraft - date of issue 3-17-55 gives full name as Wallace Edgar Smith - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Oneida } ss.

Certificate No. 82829

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wallace Smith (Name on Original Certificate) who was born (Was Born or Died) on Aug. 9, 1920 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Wallace Smith	Wallace Edgar Smith

Subscribed and sworn to before me this 23 day of May, 1962.

Jas. O. Jones
Notary Public, residing at Malad City, Ida.
My commission expires Nov. 20, 1964
(Seal)

Signed Wallace Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

105 E. 90 South Malad City, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Wallace Edgar Smith
(Signature of Any Credible Person)

105 E. 90 S. Malad City, Ida.
(Street Address, City, State)

FORM DH 60-155 CL 5-21-62. mm one copy pd. rec. #11680.

251-110-036-593

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 82830

No. ..... St.

Primary Registration District No. 2069 Registered No. 151

Hospital .....

FULL NAME OF CHILD Shirley Clifford Beard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford H Beard	FULL MAIDEN NAME	Florence M Nelson
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Alton

Physician
(Physician or ~~midwife~~)

Given names added from a supplemental report.

Shirley Clifford Beard 19

W. C. Murphy
Registrar

Address Malad

Filed Aug 31 1920

R. M. Turner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-111-036-713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook Ida

Registration District No. 26 File No. 82831

No. ..... St.

Primary Registration District No. 2064 Registered No. 152

Hospital .....

FULL NAME OF CHILD David S. Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 11 1920

FATHER		MOTHER	
FULL NAME	James Miller Bowen	FULL MAIDEN NAME	Belova Gallup
RESIDENCE	Holbrook Ida	RESIDENCE	Holbrook Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Mapleton Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex Cartwright

Physician (Physician or midwife)

Given names added from a supplemental report.

David Stewart Bowen 19

W. C. Murphy State Registrar

Address Snowville Utah

Filed Aug 31 1920

[illegible] M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS AUG 1 10 55 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 82831

County of Oneida Date Filed Jan 26-1976

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Bowen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 11, 1920 (Date of Event)

in Holbrook, Idaho (Oneida) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License Army Discharge - Oct 23 1945 (Bible Record, Insurance Policy, Etc.) prepared on Mar 11, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	David Stuart Bowen

Subscribed and sworn to before me this 26 day of January, 1976

Notary Public, residing at

My commission expires

Signed David Stuart Bowen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

Utah } ss.

Utah

[illegible] does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are [illegible] his knowledge.

Subscribed and sworn to before me this 26th day of January, 1976

Notary Public, residing at Provo, Utah

My commission expires January 2, 1980

(Seal)

Signed Sheldon C. [illegible]

(Signature of Any Credible Person)

215 W. 940 N. Provo, Utah

(Street Address, City, State)

FORM DH 60-155 CL 6/3/75 nm

Honorable discharge from the U.S. Army gives name as David S. Bowen born Aug 11, 1920 in Holbrook, Idaho. date of Sepration if Oct 21, ~~1946~~ 1945. viewed by V. S.

AUG 30 1977

Marriage licence from Utah gives name as David Stewart(Amended to Stuart) Bowen and bride's name as Frances Edwards. dated. April 19, 1943. viewed by V. S.

695-111-276-593

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 82832

Primary Registration District No. 2069 Registered No. 153

FULL NAME OF CHILD Harald John Fredrich

Sex of Child male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth aug. 11 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Reinhold Fredrichs	FULL MAIDEN NAME Ida Eilers
RESIDENCE Malad	RESIDENCE Malad
COLOR white	AGE AT LAST BIRTHDAY 32 (Years)
	COLOR white
	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE No. Dakota	BIRTHPLACE Oklahoma
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. T. Mauer

Physician

(Physician or midwife)

Address Malad

Given names added from supplemental report.

Harold John Fredrich 19....

W. C. Murphy State Registrar

Filed aug 31 19 20

R T M Mauer M.D. Registrar

693-215-036-389

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook Ida

Registration District No. 26 File No. 82833

No. ..... St.

Primary Registration District No. 2064 Registered No. 154

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 15th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Robert Wm Wilkinson	FULL MAIDEN NAME	Blanche Childester
RESIDENCE	Holbrook Idaho	RESIDENCE	Holbrook Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Toronto Canada	BIRTHPLACE	Washington, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug (Born alive or stillborn) at 4 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ben Randleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report:

..... 19.....

Address Snowville Utah

Filed Aug 21 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

246-216-036-938

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 82834

Primary Registration District No. 2069 Registered No. 65

FULL NAME OF CHILD Mary E Kunabara

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | Number in order of birth | Legitimate? Yes | Date of Birth Aug 16 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Frank M Kunabara

RESIDENCE Malad

COLOR Yellow AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Japan

OCCUPATION Beet Ranch

MOTHER

FULL MAIDEN NAME Ikuno Ichikawa

RESIDENCE Malad

COLOR Yellow AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Japan

OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Oltow

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

Mary Ikeno Kunabara 19.....

W. C. Murphy State Registrar

Filed Aug 31 1920

R M Jones M D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 2 1969

815220-036-155 ITEM 1 CHILD'S FIRST & LAST NAMES ADDED 07/19/2012 MH

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Registration District No. 24 File No. 82835

No. ..... St.

Primary Registration District No. 2069 Registered No. 156

Hospital .....

FULL NAME OF CHILD BETH HANSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6	Yes	Aug 20 1920

FATHER		MOTHER	
FULL NAME	Leo Hanson	FULL MAIDEN NAME	Marie C Jensen
RESIDENCE	Ridgedale	RESIDENCE	Ridgedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:45 P M. on the date above stated.

(Signature) F Alton Thurman

(Physician or midwife)

Address Malad

Filed Aug 31 1920 R J Mauer M D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1971

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Weber } SS

Certificate No. 1920-82835
Date Filed August 31, 1920

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for [unnamed baby girl] (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 20, 1920 (Date of Event)
in Oneida (Malad County), Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's First Name	[none]	Beth
Child's Last Name	[none]	Hanson

Subscribed and sworn (affirmed) to before me this 30 day of March 2012

Notary Public, Connie Lynch
Residing at 3990 Wash. Blvd. Ogden
My commission expires June 27 2013
(Seal)

CONNIE LYNCH
Notary Public
State of Utah
Comm. No. 579888
My Comm. Expires Jun 27, 2013

Applicant's Signature Beth Hanson Alberts
Printed Name BETH H. ALBERTS
Street Address 3630 Taylor Ave
City, State, ZIP Ogden, Ut 84403

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)
(Is not necessary ☒)

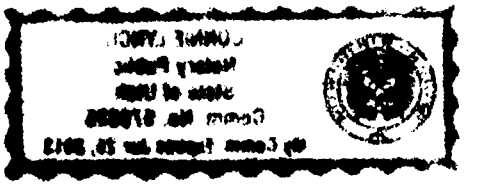
The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Applicant's Signature _____
Printed Name _____
Street Address _____
City, State, ZIP _____

THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS IN SALT LAKE UTAH, PERSONAL & ORDINANCE INFORMATION FOR BETH HANSON, RECORD NUMBER 000-0666-4768, BAPTISM DATE 01/06/1929 - VIEWED BY VS - MH
STATE OF UTAH BIRTH CERTIFICATION, FILE #19452900127 FOR RAYMOND LEO ALBERTS JR FILED 01/30/1945 SHOWS THE CHILD'S MOTHER'S MAIDEN NAME AS BETH HANSON - VIEWED BY VS - MH



855-12-0836-386

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 82836

Primary Registration District No. 2069 Registered No. 167

FULL NAME OF CHILD David Grant Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. H. Henderson	Mary L. Thomas
RESIDENCE	Malad, Idaho	Malad, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	40
BIRTHPLACE	Willard, Utah	Malad, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) R. D. Mann M.D

Physician

(Physician or midwife)

Address Malad

Filed Aug 31 1920

R. D. Mann M.D
Registrar

JUL 16 2007

693-125-036-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 26 File No. 82837

No. ..... St.

Primary Registration District No. 2069 Registered No. 158

Hospital .....

FULL NAME OF CHILD ALVIN T. WILLIAMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 25 1920

FATHER		MOTHER	
FULL NAME	Max M Williams	FULL MAIDEN NAME	Eleanor Thomas
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Samaria	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alton

Physician (Physician or midwife)

Malad

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 31 1920

R. T. Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

R 12-1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of ONEIDA

Certificate No. 82837

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Alvin Thomas Williams (Name on Original Certificate) who Born (Was Born ~~or Died~~) on Aug 25 1920 (Date of Event) in Samaria, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Alvin T. Williams

Subscribed and sworn to before me this 11th day of March, 1942.

Notary Public, residing at Malad Idaho

My commission expires Jan 20 1943 (Seal)

Signed Max W. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Samaria Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1942.

Notary Public, residing at Malad Idaho

My commission expires Jan 20 1943 (Seal)

Signed Thomas M. Davis
(Signature of Any Credible Person Other Than Previous Year)

Malad Idaho
(Street Address, City, State)

MAR 7 1969

386.127:036-814

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 82838

No. ..... St.

Primary Registration District No. 2069 Registered No. 154

Hospital .....

FULL NAME OF CHILD William Lynn Thorpe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug 27 1920

FATHER		MOTHER	
FULL NAME	William Thorpe	FULL MAIDEN NAME	Rachal Hamblin
RESIDENCE	Malad, Idaho	RESIDENCE	Malad, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Malad, Idaho	BIRTHPLACE	Malad, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

(Signature) R. T. Mauer M.D.

Physician (Physician or midwife)

Address Box F Malad, Idaho

Filed Aug 31 1920

R. T. Mauer M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1945

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-7-21-19

[redacted]STICS

County of Oneida

CERTIFICATE OF BIRTH

City of Malad

Registration District No. 26 File No. 82839

No. ..... St.

Primary Registration District No. 2069 Registered No. 160

Hospital .....

FULL NAME OF CHILD Elgie Wilson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 29 1920

FATHER		MOTHER	
FULL NAME	George T. Wilson	FULL MAIDEN NAME	Myra Heward
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	60	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

L. G. Wilson 1920

Address Malad

Leona Rhodes State Registrar

Filed Aug 31 1920

B. Maner M.D. Registrar

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 82840

Primary Registration District No. 2069 Registered No. 161

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 31 1920

FATHER		MOTHER	
FULL NAME	James L Jones	FULL MAIDEN NAME	Elizabeth S Bake
RESIDENCE	Daniels	RESIDENCE	Daniels
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

Edith Lucille Jones 19

W. C. Murphy State Registrar

Address Malad

Filed Aug 31 1920

R M Miner Mgr Registrar

Dup of 1920-395714

386-23 [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 82841

Primary Registration District No. 2069 Registered No. 162

FULL NAME OF CHILD Dorothy Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horatio D Thomas	FULL MAIDEN NAME	Mabel Kunz
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

Dorothy Thomas 1920

Address Malad

Irma Roberts
State Registrar

Filed Aug 31 1920

[illegible] M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1955

JUN 24 1970

515-103 [redacted]

FLAC [redacted]

037369

[redacted] -15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver City (near)

No. ..... St.

Hospital .....

Registration District No. 43 File No. 82842

Primary Registration District No. 2120 Registered No. .....

FULL NAME OF CHILD Pedro Alphonsus Navarro

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Aug. 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Miguel Navarro	FULL MAIDEN NAME	Marie Joanna Cortez
RESIDENCE	Jordan Valley, Ida.	RESIDENCE	Owyhee County,
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Bilboa, Spain	BIRTHPLACE	Bilboa, Spain,
OCCUPATION	Sheep herder + Camp tender	OCCUPATION	Camp cook.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2.15 a. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

— 19 —

— —

Registrar

Address Murphy & Silver City, Idaho

Filed Aug. 6, 1920 W. H. Schuyler, M.D.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

425-227-037-891

Form V. S. No. 11-C-25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital .....

Registration District No. 1317

Primary Registration District No. Homedale

File No. 82843

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	Aug 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Donato Ubernaga	FULL MAIDEN NAME	Engracia Yravlabeitia
RESIDENCE	Homedale Ida	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report.

Sept 1 1920

Simeon Hopper Registrar

Address Homedale

Filed Sept 1 1920 Simeon Hopper Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-225 037-613

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale — Registration District No. 130 — File No. 82844

No. ..... St. — Primary Registration District No. Homedale — Registered No. .....

Hospital .....

FULL NAME OF CHILD Gladys Kinghorn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	Aug 25 1920

FATHER		MOTHER	
FULL NAME	Alick Kinghorn	FULL MAIDEN NAME	Myrtle Walker
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lewisville, Idaho	BIRTHPLACE	Riverton, Utah
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samson Hopper

M D (Physician or midwife)

Address Homedale, Ida.

Given names added from a supplemental report.

..... 19.....

Samson Hopper Registrar

Filed Sept 1 1920 Samson Hopper Registrar

MAY 12 1942

336-212-037-432

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 130 File No. 82845

Primary Registration District No. Homedale Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F M		yes	July 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cyril Clover	FULL MAIDEN NAME	Sarah Ethel McKague
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

M.D. (Physician or midwife)

Given names added from a supplemental report.

Any 1 1920 Address Homedale Ida

Simeon Hopper Registrar Filed Any 1 1920 Simeon Hopper Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

967-144-
038-343

PLACE OF BIRT[redacted]

County of Payette

City of Payette

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82846

Primary Registration District No. 1008 Registered No. 36

FULL NAME OF CHILD John David Rogge

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	July (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Rogge	FULL MAIDEN NAME	Margery Luch
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Mass/
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. McDonald

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Payette Idaho

Filed July 31 1920 J. C. Woodward Registrar

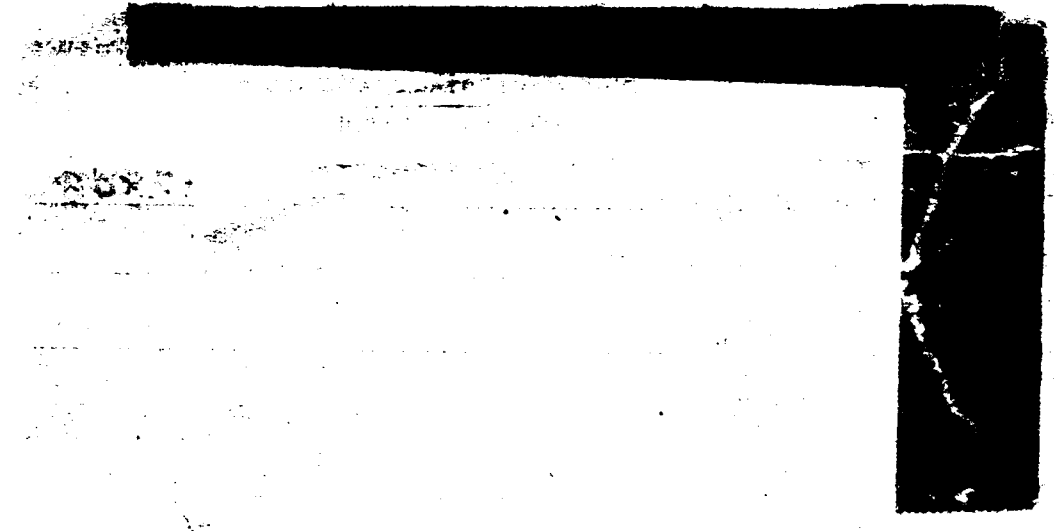
Registrar

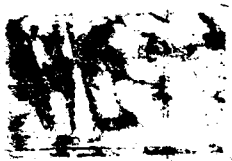
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





APR 15 1969

MAR 26 1955

685-120-038-365

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 82847

Primary Registration District No. 1008 Registered No. 37

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Wherry	FULL MAIDEN NAME	Evelyn G Lovejoy
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ohio	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:55 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Payette Idaho

Registrar

Filed July 31 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-123-

PLACE OF BIRTH

038-669

County of Payette

City of Payette

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 — File No. 82848

Primary Registration District No. 1008 — Registered No. 38

Full Name of Child Paul Marlin Bull

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
male			July 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Barney L. Bull	FULL MAIDEN NAME	Lucile M. North
RESIDENCE	Ontario - Ore	RESIDENCE	Ontario - Ore
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Ontario - Oregon

Filed July 31 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 28248

County of Boise } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for No name (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 23, 1920 (DATE OF EVENT)

in Payetta, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ~~Aunt~~ Cousin (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Unnamed	No mane given	Paul Marlin Bull

Subscribed and sworn to before me this 28th day of January, 1942

Myrna L. Brewer

Notary Public, residing at Boise

My commission expires April 3, 1942

(SEAL)

Signed Mrs. Ronald W. Lovely

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1818 Idaho St. Boise, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....

(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

364.210-038-433

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette Registration District No. 4 File No. 82850

No. ..... St.

Primary Registration District No. 1008 Registered No. 40

Hospital .....

FULL NAME OF CHILD Cora Jeanette Tomlin

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Aug. 10 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Benjamin M. Tomlin	FULL MAIDEN NAME Eva McClain
RESIDENCE Payette	RESIDENCE Payette
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Salida Colo.	BIRTHPLACE Harrisburg Oregon
OCCUPATION Clerk	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. C. Woodward M.D.

Physician

(Physician or midwife)

Address Payette, Ida.

Filed Aug. 11 1920 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-211-038-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Payette

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82851

Primary Registration District No. 1008 Registered No. 41

FULL NAME OF CHILD LOIS LAVINA LEE

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. 11 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry James Lee	FULL MAIDEN NAME	Inez Lavina Clark
RESIDENCE	Payette County	RESIDENCE	Payette County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Idaho

Filed Aug. 11. 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of PAYETTE.

Certificate No. 82851
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death) for UNNAMED LEE (Name on original certificate) who BORN (Was born or died) on AUGUST 11, 1920 (Date of event) in PAYETTE COUNTY, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by SOCIAL SECURITY RECORD (Bible record, insurance policy, etc.) prepared on AS BEING NAME USED (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Lee	LOIS LA VINA LEE

Subscribed and sworn to before me this 22nd day of November, 1941.

Helen F. Dunn

Notary Public, residing at Payette, Idaho

My commission expires Sept 10, 1945

[SEAL]

Signed Mrs E R Pearson AUNT
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette Idaho R 7 D 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of PAYETTE

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 22nd day of November, 1941.

Helen F. Dunn

Notary Public, residing at Payette, Idaho

My commission expires Sept 10, 1945

[SEAL]

Signed Irene R Hart
(Signature of any credible person other than the previous affiant.)

Payette, Idaho
(Street Address, City, State)

Received for filing on By J. C. Woodward
(Registrar's signature)

JAN 16 1943

262-122-038-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 82852

Primary Registration District No. 1008 Registered No. 42

FULL NAME OF CHILD Joseph Kosisan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Nicholas Kosisan	FULL MAIDEN NAME	Kate Dornbach
RESIDENCE	Three Miles N.E. of Payette	RESIDENCE	Three Miles N.E. of Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Hungary	BIRTHPLACE	Hungary
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Idaho

Filed Aug. 15 1920 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1941

819-215-038-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 353 River St.

Hospital

Registration District No. 4 File No. 82853

Primary Registration District No. 1008 Registered No. 48

FULL NAME OF CHILD Cathleen Marguerite Harland

Sex of Child Female | Twin ~~Triplet or other?~~ and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Albert Harland	FULL MAIDEN NAME	Elizabeth Watts
RESIDENCE	Three Miles N.E. of Payette	RESIDENCE	Three miles N.E. of Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farming,	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Ida

Filed Aug 15 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-230-238-464

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 82855

No 113 N Ninth St.

Primary Registration District No. 1008 Registered No. 46

Hospital

FULL NAME OF CHILD Dorothy Marie Paine

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes.	Mar 30 1920

FATHER		MOTHER	
FULL NAME	Forest G. Paine	FULL MAIDEN NAME	Victoria Moulton
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Hotel Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5-45 P. M. on the date above stated.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Ida.

Filed Aug 15 1920 J. C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB

OCT 3 0 1972

155-126-038-859

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Payette

City of Payette

No. 1004 Record Ave So St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82856

Primary Registration District No. 1008 Registered No. 46.

FULL NAME OF CHILD ~~[illegible]~~ Jenkins, Reese Duane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes.	Apr (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Reese L. Jenkins	FULL MAIDEN NAME	Lila Herline
RESIDENCE	Payette Idaho.	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	N. Dak.
OCCUPATION	Pool Hall	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Ida

Filed Aug. 15 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 6 1975

26622 8-038-219

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave. St.

Registration District No. 4 File No. 82857

Primary Registration District No. 1008 Registered No. 47

Hospital

FULL NAME OF CHILD Thelma Gertrude Bowker.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 28 1920

FATHER	MOTHER
FULL NAME J. O. Bowker	FULL MAIDEN NAME Frances T. Barnard
RESIDENCE 742 N Sixth St. Payette	RESIDENCE 742 N 6th St. Payette
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Truck Dealer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) O. W. Avery

Physician
(Physician or midwife)

Address

Filed Aug. 13 1920 J. C. Woodward
Registrar

19

Registrar

NOV 3 1955

284-128-038-747

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of ____ Registration District No. 4 File No. 82858

No. ____ St. Primary Registration District No. 1008 Registered No. 48

Hospital ____

FULL NAME OF CHILD Cecil Ray Shurtleff

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes.	May 28 1920

FATHER		MOTHER	
FULL NAME	Ray Shurtleff.	FULL MAIDEN NAME	Esther Purcell.
RESIDENCE	Six Miles N.E. of Payette Payette Ida.	RESIDENCE	Six Miles N.E. of Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. N. Ivey

Physician (Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed Aug 15 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1942

JAN 3 0

Amended 4/17/72

993-121-038-255

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 82859
Local Reg. No.
Reg. Dist. No. 4

1. PLACE OF BIRTH
a. COUNTY: Payette
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Payette
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa, Ida.
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): William
b. (Middle): Manly
c. (Last): Ritchey, Jr.

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): July 21, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): W.
b. (Middle): M.
c. (Last): Ritchey

8. AGE (At time of this birth): 25 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Myrna
b. (Middle):
c. (Last): Kenward

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. H. Avey
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Payette, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Aug. 15, 1920
22. REGISTRAR'S SIGNATURE: J. C. Woodward
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:
BIRTH INJURY TO INFANT: ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT: ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of SUTTER }

Certificate No. 82859

APR 3 9 40 AM '72

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Ritchey (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1920 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	William Ritchey	William Manly Ritchey, Jr.

Subscribed and sworn to before me this 27th day of March, 19 72

BEVERLY D. DEMERS
OFFICIAL SEAL
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SUTTER
My Commission Expires September 1, 1974

Notary Public residing at Yuba City, Ca. 95991
My commission expires 9-1-74
(Seal)

547 - 2nd St., Yuba City, CA 95991

Signed Myrna L. Ferris, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P. O. Box 134, Aberdeen, Idaho 83201
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of SUTTER }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 19 72

BEVERLY D. DEMERS
OFFICIAL SEAL
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SUTTER
My Commission Expires September 1, 1974

Notary Public residing at Yuba City, Ca. 95991
My commission expires
(Seal)

Signed John T. Kennedy Uncle
(Signature of Any Credible Person)

253 C Street, Yuba City, Ca. 95991
(Street Address, City, State)

FORM DH 60-155 OL - 2/25/72

547 - 2nd St., Yuba City, CA 95991

Ceritifcate of Confirmation gives name as William Manly Ritchey. Dated April 8, 1934. Performd in Grace Church, Nampa Idaho. Viewed by V. S.

Letter from Navy Mutaul Aid Assoc. dated Dec 21, 1961 addressed to LTCOL William Manly Ritchey, Jr. USMC . Leter signed by T. S. Dukeshire, Cpatain,SC, USN, Ret. Viewed by V. S.

Honorable Discharge papers gives name as William Manly Ritchey. Born July 21, 1920. Retired from Nanvy on Feb. 28. 1962. Viewed by V. S.

128-225 c 38-693

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82860

Primary Registration District No. 1008 Registered No. 50

FULL NAME OF CHILD Alice Wilson Ashcroft

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 25 1920

FATHER		MOTHER	
FULL NAME	Henry Ashcroft	FULL MAIDEN NAME	Martha Esther Wilson
RESIDENCE	1519 2nd So. Payette Ida.	RESIDENCE	1519 2nd So Payette Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Pa.
OCCUPATION	Abstractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O. N. Avery

Physician

(Physician or midwife)

Address Payette, Ida

Filed Aug 15 1920 J. C. Woodward

Registrar

JAN 30 1942

MAY 3 1962

MAY 3 1967

419-115-038-215

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of ..... Registration District No. 4 File No. 82861

No. ..... St.

Hospital ..... Primary Registration District No. 1008 Registered No. 51

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD William Jennings Martin

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate Yes | Date of Birth Aug 15 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Jasper V. Martin	FULL MAIDEN NAME Minnie B Banks
RESIDENCE Payette County	RESIDENCE Payette County
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J.C. Woodward

Physician

(Physician or midwife)

Address Payette, Idaho

Filed Aug 16 1920 J.C. Woodward Registrar

APR 2 4 1944

249-121-038-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82862

Primary Registration District No. 1008 Registered No. 52

FULL NAME OF CHILD GUY BERDYNE SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy A. Smith	FULL MAIDEN NAME	Laura Burgess
RESIDENCE	Payette, Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr-	BIRTHPLACE	Idaho-
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:55a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Aug 22 1920 J C Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1944

994-222-038-367

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Payette

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82863

Primary Registration District No. 1008 Registered No. 53

FULL NAME OF CHILD

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. 22, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wesley Charles Jimmerson	FULL MAIDEN NAME	Alta Jane Cox
RESIDENCE	Payette County	RESIDENCE	Payette County
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Idaho

Filed Aug. 23 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-113-238-296

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82864

Primary Registration District No. 1008 Registered No. 54

FULL NAME OF CHILD Theron McParlin Gough.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	July 13 1920

FATHER		MOTHER	
FULL NAME	Thos. M. Gough	FULL MAIDEN NAME	Emma G Brower
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	New Mex.	BIRTHPLACE	Arkansas
OCCUPATION	Editor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J R Woodward M.D.

(Physician or midwife)

Address Payette, Ida

Filed Aug 31 1920 J. C. Woodward
Registrar

JAN 29 1942

437-115-038-456

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82865

Primary Registration District No. 1008 Registered No. 55

FULL NAME OF CHILD William Arnold McGlothlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm M McGlothlin	FULL MAIDEN NAME	Elnora DeWitt
RESIDENCE	Payette Ida	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward, MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Ida

Filed Aug 31 1920 J C Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-202-038-618

Form ~~V. S. No. 21~~-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 82866

Primary Registration District No. 1008 Registered No. 56

FULL NAME OF CHILD Everna Lee Hall

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth: Aug (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Willard A Hall	FULL MAIDEN NAME	Edith Wayne
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Colo
OCCUPATION	Auto Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 50 P. M. on the date above stated.

(Signature) J R Woodward M.D.

(Physician or midwife)

Address Payette, Idaho

Filed Aug 31 1920 J.R. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of WASHINGTON }
County of KING } ss.

OCT 22 '42

Certificate No. 82866

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Everna Lee Hall (Name on Original Certificate) who born (Was Born or Died) on August 2, 1920, (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Emma	Everna Lee Hall

Subscribed and sworn to before me this 20th day of October, 1942.

Notary Public, residing at Seattle, Wash.

My commission expires Feb. 28, 1943.
(Seal)

Signed Edith F. Hall. Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8808 Delridge Way,
(Street Address, City, State)
Seattle, Wash.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 1942.

Notary Public, residing at Seattle, Wash.

My commission expires Feb. 28, 1943,
(Seal)

Signed Edward C. Wiens
(Signature of Any Credible Person Other Than Previous Year)

8808 Delridge Way,
(Street Address, City, State)
Seattle, Washington.

613205·038·568

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth Registration District No. 5 File No. 82867

No. ..... St.

Primary Registration District No. 1009 Registered No. 41

Hospital .....

FULL NAME OF CHILD Ora Isabel Walker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 6 1920

FATHER		MOTHER	
FULL NAME	Robt Wm Walker	FULL MAIDEN NAME	Grace Noyes
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo-	BIRTHPLACE	Iowa
OCCUPATION	Contractor -	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report. ..... 19....

Filed Sept. 21, 19 20 Wm J. Drysdale
Registrar

Registrar

MARGIN RESERVED FOR BINDING,

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/16/41 L. B.

686-212-038-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St.

Registration District No. 5 File No. 82868

Primary Registration District No. 2009 Registered No. 42

Hospital .....

FULL NAME OF CHILD Neoma Loraine Flock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 12 1920

FATHER	MOTHER
FULL NAME Lance LeRoy Flock	FULL MAIDEN NAME Hannah Larengan
RESIDENCE New Plymouth	RESIDENCE with husband
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
COLOR W	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 a - M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D
(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept 1920 Wm J. Drysdale
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1972

3631180038-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth Registration District No. 5 File No. 82869

No. ..... St.

Primary Registration District No. 2009 Registered No. 43

Hospital .....

FULL NAME OF CHILD Gordon A Collinsworth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 18 1920

FATHER		MOTHER	
FULL NAME	Aaron L. Collinsworth	FULL MAIDEN NAME	Myrtle Smith
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kans.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Wm I. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Filed Sept 27 1920 Wm I. Drysdale

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942

APR 10 1951

995-121-038-418

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth Registration District No. 5 File No. 82870

No. ____ St.

Primary Registration District No. 2009 Registered No. 44

Hospital ____

FULL NAME OF CHILD Edward Ringer -

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M -			Yes	Sept 21 1920

FATHER		MOTHER	
FULL NAME	H. Fred Ringer	FULL MAIDEN NAME	Nita J. Day.
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	England
OCCUPATION	Farmer -	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) Wm J. Drysdale MD

(Physician or midwife)

Address New Plymouth Ida

Filed Sept 21 1920 Wm J. Drysdale Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

291-225

038-713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Payette

City of Twin Near Ply

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 82871

Primary Registration District No. 2009 Registered No. 45

FULL NAME OF CHILD Joan Marie Bracewell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 25 1920

FATHER

FULL NAME Albert Bracewell

RESIDENCE New Plymouth Ida

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rossie Race

RESIDENCE with husband

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Mich

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3a M. on the date above stated.

(Signature) Wm J. Drysdale M.D

(Physician or midwife)

Address New Plymouth Ida

Filed 10-10 1920 Wm J. Drysdale Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 0 1942

MAR 1 5 1943

568-227-038-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth Registration District No. 5 File No. 82872

No. ____ St.

Primary Registration District No. 1009 Registered No. 46

Hospital ____

FULL NAME OF CHILD Fern Cordelia Hayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 27 1920

FATHER		MOTHER	
FULL NAME	Frank Hayes	FULL MAIDEN NAME	Ella Peterson
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Day laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.
(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Sept 27 1920 Wm J. Drysdale
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1944

312-210-038-465

Form V. S. No. 11-C—25m-7-31-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. R 7 D 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 82873

Primary Registration District No. 2009 Registered No. 35

FULL NAME OF CHILD Wanita Marie Casad

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	1	Yes	Aug 10 1920

FATHER	MOTHER
FULL NAME Willard A. Casad	FULL MAIDEN NAME Gladys Dancey
RESIDENCE New Plymouth Ida	RESIDENCE with Husband
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Kans	BIRTHPLACE Mo-
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth, Ida

Given names added from a supplemental report.

19

Registrar

Filed Aug 1920 Wm J. Drysdale

Registrar

MAY 2 2 2006

312-110-038-415

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth Registration District No. 5 File No. 82874

No. R 7 D 1- St.

Primary Registration District No. 2009 Registered No. 36

Hospital

FULL NAME OF CHILD Paul Wentworth Cascad

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	2	Yes	Aug 10 1920

FATHER		MOTHER	
FULL NAME	Willard A. Cascad	FULL MAIDEN NAME	Gladys Dancey
RESIDENCE	New Plymouth R 7 D 1-	RESIDENCE	with Husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kans-	BIRTHPLACE	Mo-
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 P M. on the date above stated.

(Signature) Wm J. Drysdale M D-

(Physician or midwife)

Address New Plymouth Ida

Filed Aug 1920 Wm J. Drysdale Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

214-217-038-953

PLACE OF BIRTH

County of Payette

City of New Plymouth

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-4-15-18

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 82875

Primary Registration District No. 1009

Registered No. 27

Full Name of Child Etta La Verne Bankus

SEX OF CHILD: girl

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

DATE OF BIRTH: 8 (Month) 17 (Day) 20 (Year)

FATHER

FULL NAME: John Ad. Bankus

RESIDENCE: New Plymouth Ida

COLOR: white

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Cement worker

MOTHER

FULL MAIDEN NAME: Mabel Agnes Relyea

RESIDENCE: New Plymouth Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Michigan

OCCUPATION: Home wife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated: August 17 - 1920, at 5:35 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Relyea Hoffman (mother)

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 25 1920 Wm J. Drysdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1948

44/8-225-038-468

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

Registration District No. 5 File No. 82876

No. RFD 1 St.

Primary Registration District No. 2009 Registered No. 38

Hospital

FULL NAME OF CHILD Elizabeth Eleanor Daherty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 25 1920

FATHER		MOTHER	
FULL NAME	John Daherty	FULL MAIDEN NAME	Mary Dayle
RESIDENCE	Big Willow	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	New Jersey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Filed Aug 30 1920 Wm J. Drysdale
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1960

FEB 14 1960

266 228 038-953

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth Registration District No. 5 File No. 82877

No. ____ St.

Primary Registration District No. 1009 Registered No. 39

Hospital ____

FULL NAME OF CHILD Dorothy Annabell Bowers

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 28 1920

FATHER

FULL NAME Fred C. Bowers

RESIDENCE New Plymouth Ida

COLOR W AGE AT LAST BIRTHDAY 63 (Years)

BIRTHPLACE Mo.

OCCUPATION merchant

MOTHER

FULL MAIDEN NAME Ida Relyea

RESIDENCE with husband

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Mich.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report. ____ 19____

Filed Aug 1920 Wm J. Drysdale Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

MAY 3 1945

363131-038-363

PLACE OF BIRTH

Form V. S. No. 1-C. 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

Registration District No. 5 File No. 82878

No. R 7 D. St.

Primary Registration District No. 2009 Registered No. 40

Hospital

FULL NAME OF CHILD GLENN GRANT LOCKNER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Aug 31 1920

FATHER		MOTHER	
FULL NAME	Geo Lockner	FULL MAIDEN NAME	Alice Lockner
RESIDENCE	Near New Plymouth	RESIDENCE	with husband
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nebr.	BIRTHPLACE	So Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30a M.
(Born alive or stillborn)
on the date above stated.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Filed 9-27 1920 Wm J. Drysdale
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 82878

State of Idaho } ss.
County of Payette }

JAN 26 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Lockner (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 31, 1920 (DATE OF EVENT)
in Fruitland, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Lockner	Glenn Grant Lockner

Subscribed and sworn to before me this 22nd day of January, 1942

Helen F. Brown

Notary Public, residing at Payette, Idaho

My commission expires Sept 10, 1945

(SEAL)

Signed Alice Lockner

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Fruitland, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 1942

Helen F. Brown

Notary Public, residing at Payette, Idaho

My commission expires Sept 10, 1945

(SEAL)

Signed Geo W Lockner

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Fruitland, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By .....

(REGISTRAR'S SIGNATURE)

614117.039-245

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25 File No. 82880

No. ..... St.

Primary Registration District No. 2072 Registered No. 198

Hospital .....

FULL NAME OF CHILD Victor B Wade

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Bertram Wade	FULL MAIDEN NAME	Pearl Florence Bunderson
RESIDENCE	American Falls Ida	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Filed 8-18 1920 Richard J. Nott Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

282-114-039-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 82881

No. ..... St.

Primary Registration District No. 2072

Registered No. 197

Hospital Bethany

FULL NAME OF CHILD James Thorburn Sykes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Aug 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Thorburn Sykes	FULL MAIDEN NAME	Edna May Robb
RESIDENCE	American Falls	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Mo
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard J. Nott
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls Idaho

Filed 8/14 1920 Richard J. Nott
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

WHITE PLAINS, N.Y.

MAY

463-212-039-292

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

82882

Registration District No. 25 File No. 4

Primary Registration District No. 2072 Registered No. 196

FULL NAME OF CHILD Erma Kate's

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Aug 12 1920

	FATHER	MOTHER
FULL NAME	George Doepter	Rosina Bischbe
RESIDENCE	American Falls RR.	American Falls Id.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	35
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Nolt

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address American Falls Ida

Filed Aug 12 19 20 Richard F. Nolt Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

585-11C-039-944

PLACE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 82883

Primary Registration District No. 2072 Registered No. 195

FULL NAME OF CHILD William Fairfield Nye

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 10 1920

FATHER	MOTHER
FULL NAME Glenn Everett Nye	FULL MAIDEN NAME Myrtle Dorothy Rudeen
RESIDENCE American Falls	RESIDENCE American Falls
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Montana
OCCUPATION Book-Keeper	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Richard F. Mock
(Physician or midwife)

Address American Falls Idaho

Filed 8-12 1920 R. F. Nye
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/13/41. w.h.

FEB 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-208-039-383

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls — Registration District No. 25 — File No. 82884

No. ..... St. — Primary Registration District No. 2072 — Registered No. 194

Hospital ..... Doris Higgins

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Aug 8 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Erastus Higgins	Ethel Tyler
RESIDENCE	American Falls Ida	American Falls Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Utah	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wm C. MacKinnon M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Filed 8/12 1920 Richard J. Watts Registrar

435-228-040-331

[redacted]

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

BUREAU OF [redacted]

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 10

File No. 82885

No. ..... St.

Primary Registration District No. 1011

Registered No. 38

Hospital Providence

FULL NAME OF CHILD Mary Lenore McNamee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	July 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Maurice McNamee	FULL MAIDEN NAME	Frances Clark
RESIDENCE	Burke, Idaho	RESIDENCE	Burke, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ontario, Canada	BIRTHPLACE	Butte, Mont.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Mowery

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Cata

..... 19.....

Filed Aug 10 1920 F. L. [illegible]

Registrar

Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-115-040-168

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 70 File No. 82886

No. ..... St. Primary Registration District No. 1011 Registered No. 14

Hospital Providence Robert Swenson

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 15 1920

	FATHER	MOTHER
FULL NAME	Andrew Swenson	Ona Johnson
RESIDENCE	Sunset Ida	Sunset Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Sweden	Minnesota
OCCUPATION	Millman	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

City

Address

Filed Aug 18 1920 H. L. Swenson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619215 1040-268

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. 10 N Pearl St.

Hospital

Registration District No. 70

File No. 82887

Primary Registration District No. 10 C

Registered No. 43

FULL NAME OF CHILD Madge Doris Fairweather

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 15th 1920

FATHER		MOTHER	
FULL NAME	Stanley Hathaway Fairweather	FULL MAIDEN NAME	Katie Mae Boyle
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	New Brunswick	BIRTHPLACE	Nevada
OCCUPATION	Mng Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Aug 15th 1920 (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Stone M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Aug 28 1920 F. L. Fenton

Registrar

S-Y-CO 38071

393-114-040-663

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 82888

No. ..... St.

Primary Registration District No. 1011

Registered No. 42

Hospital Providence

FULL NAME OF CHILD John Francis Tilford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Tilford	FULL MAIDEN NAME	Margaret Foley
RESIDENCE	City	RESIDENCE	City
COLOR	W AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ireland
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address City

Filed Aug 28 1920 F. H. Fenton

Registrar Registrar

S-Y-CO. 38071

WRITE ... N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1943

362-109-040-796

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 82889

No. ..... St.

Primary Registration District No. 1011 Registered No. 41

Hospital Wallace

FULL NAME OF CHILD Paul Gross Tobin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles William Tobin	FULL MAIDEN NAME	Evelyn Lorraine Gross
RESIDENCE	Billings, Mont.	RESIDENCE	Billings, Mont.
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Cornwall Ontario, Canada	BIRTHPLACE	Colorado
OCCUPATION	Loan + Mortgage Merchant.	OCCUPATION	Stenographer - Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Stanton, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 28 1920 F. L. [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

259-103-040-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Wallace

Registration District No. 70

File No. 82890

Primary Registration District No. 10 11

Registered No. 40

FULL NAME OF CHILD Elvin Theodore Bergquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	August 3 1920

FATHER		MOTHER	
FULL NAME	Henning Bergquist	FULL MAIDEN NAME	Selma Wickstrom
RESIDENCE	Osborne Idaho	RESIDENCE	Osborne Idaho
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Ranch Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 15 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard C. Stanson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 10 1920 F. L. [illegible]

Registrar

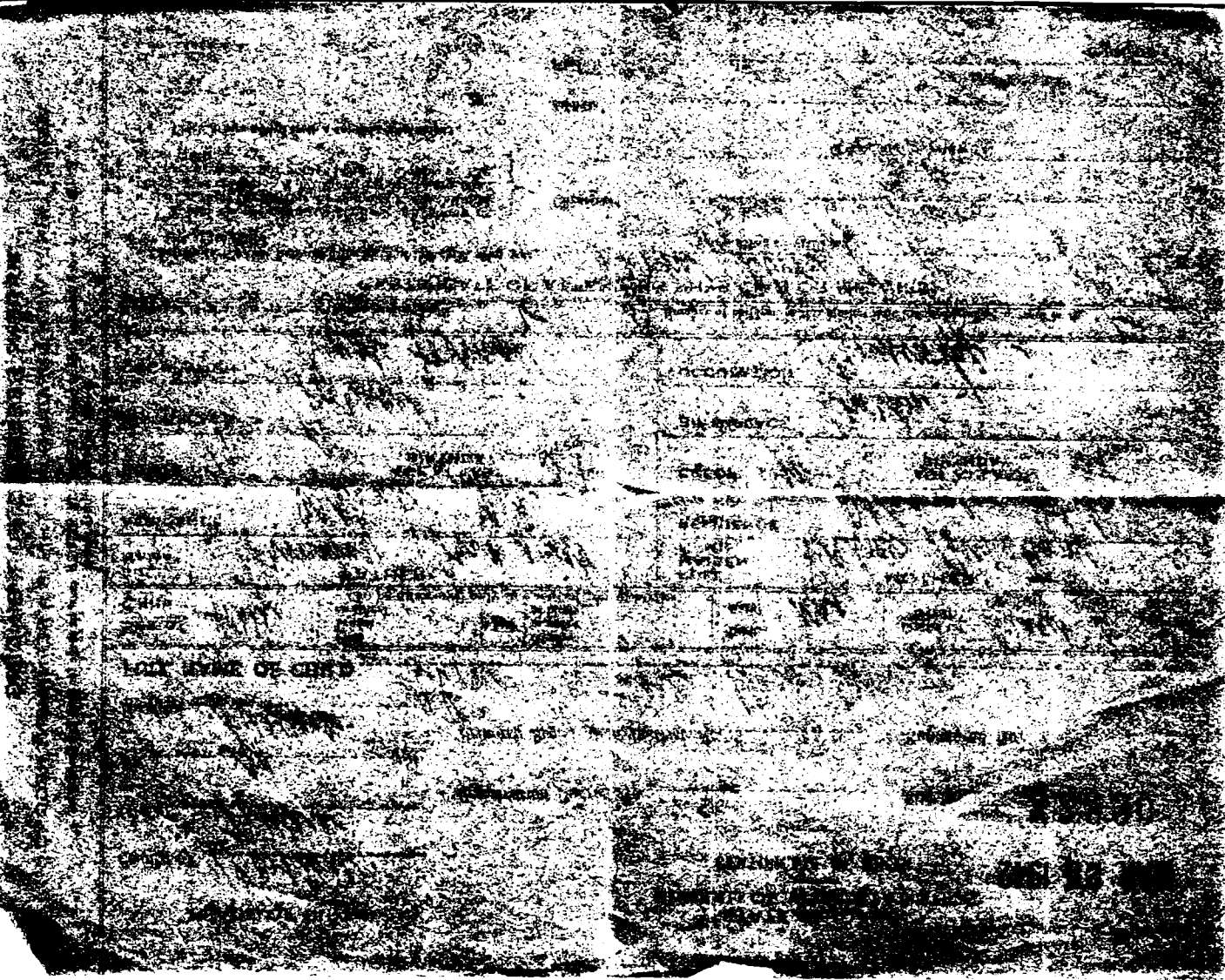
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



652-130-040-241

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 20

File No. 82891

No. ..... St.

Primary Registration District No. 100

Registered No. 39

Hospital Providence

FULL NAME OF CHILD Jack Orval West

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.			July 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Timothy E. West	FULL MAIDEN NAME	Mary Smallwood
RESIDENCE	Interstate Idg	RESIDENCE	Interstate Idg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Washington
OCCUPATION	Motorman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5a M. on the date above stated.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address City

Filed Aug 10 1920 F. L. Fenton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

474-129040-449

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 10 File No. 82892

No. ____ St. Primary Registration District No. 10 11 Registered No. 43

Hospital Providence

FULL NAME OF CHILD John William Ildegroor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 29 1920

FATHER	MOTHER
FULL NAME William Ildegroor	FULL MAIDEN NAME Agnes Murphy
RESIDENCE Burke Ida	RESIDENCE Burke Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Nevada
OCCUPATION Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn) at 12 30 P M. on the date above stated.

(Signature) Dr Mowry

(Physician or midwife)

Address Kellogg

Date Aug 30 1920

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MAY 1 0 1971

OCT 1 1962

238-112-040-315

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 10

File No. 82893

No. ..... St.

Primary Registration District No. 1011

Registered No. 32

Hospital Providence

FULL NAME OF CHILD RALPH ERNEST SCHMID

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emil Schmid	FULL MAIDEN NAME	Sophia Lanz
RESIDENCE	City	RESIDENCE	City
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

(Signature) Dr. Mowery

Physicians City (Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Address .....

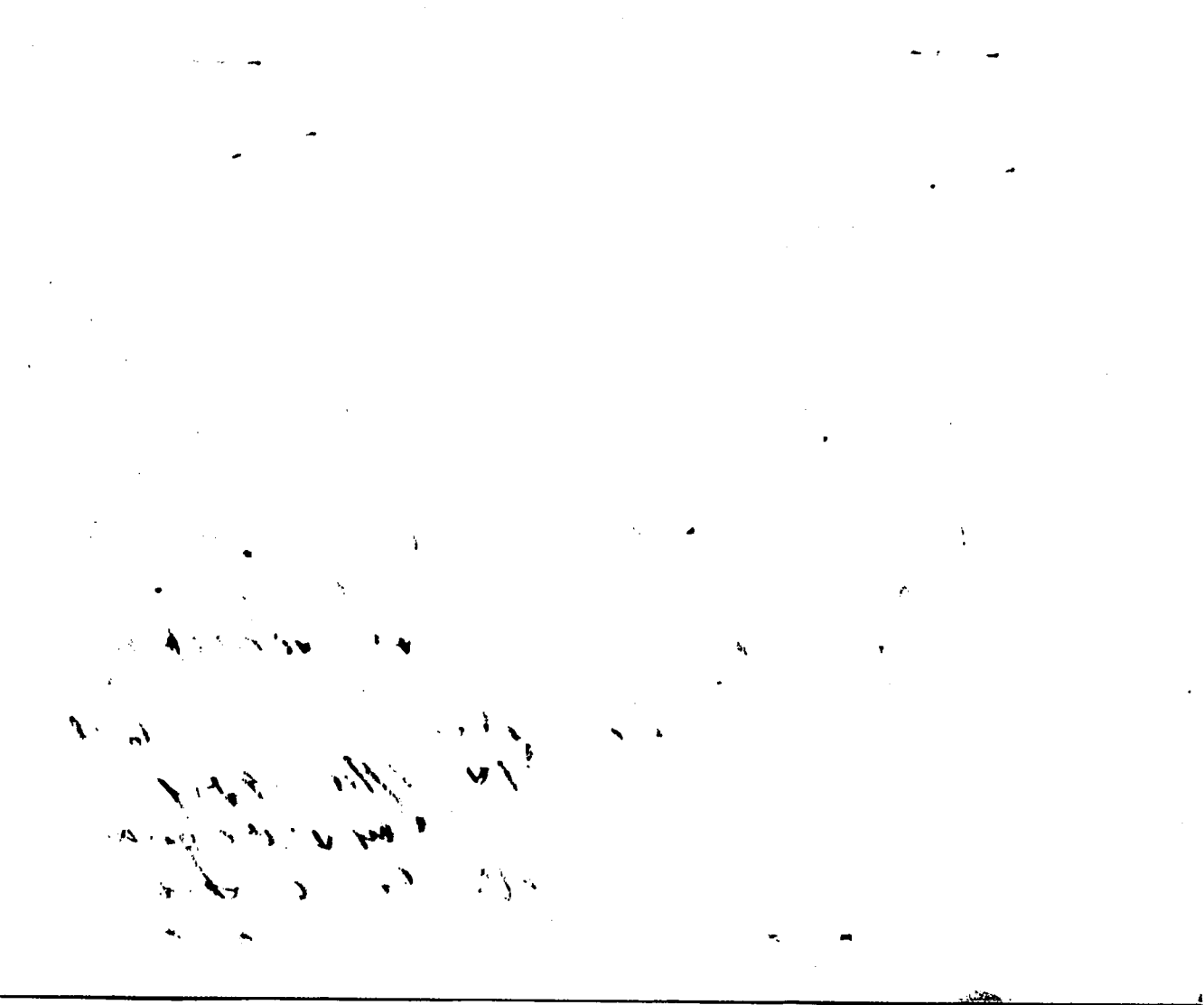
Registrar

Filed June 30 1920 F L Turney

Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }ss.
County of Umatilla }

Certificate No. 82893

Date Filed MAY 29 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Emil Schmid (Name on Original Certificate) who Was born (Was Born or Died) on June 12 1920 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Intimate Lifelong acquaintance of brother 5 years his senior (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Emil	Ralph Ernest Schmid

Subscribed and sworn to before me this 22 day of May, 1942

Irma Denison

Notary Public, residing at Pendleton Ore

My commission expires 4-23-46

(Seal)

Signed Frank Schmidt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 674 Pendleton Ore

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NY }ss.
County of Tompkins }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 1942

Evan J Morris

Notary Public, residing at Ithaca NY

My commission expires 3/31/43

(Seal)

Signed Katharine W. Adolph

(Signature of Any Credible Person Other Than Previous Year)

103 Eddy St. Ithaca, N.Y.

(Street Address, City, State)

JUN 2 [illegible]

JUN 1 1 1942

26L-112-040-239

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 82894

No. ..... St.

Primary Registration District No. 1011

Registered No. 31

Hospital Providence

FULL NAME OF CHILD Melvin Gayheart Swanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	June 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Swanson	FULL MAIDEN NAME	Margaret Strom
RESIDENCE	City	RESIDENCE	City
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.15 a M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dra Mowery

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

..... 19.....

Filed June 30 1920 F L Tinsley

Registrar

Registrar

S-Y-CO. 38071

oPeach, in order of birth stated.

15X-111-040-792

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 82895

No. ..... St.

Primary Registration District No. 1011

Registered No. 30

Hospital Providence

FULL NAME OF CHILD

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 11 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Charles Richard Anderson	FULL MAIDEN NAME	Winifred Hilda Gibson
RESIDENCE	Saltese Mont	RESIDENCE	Saltese Mont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

(Signature) Dr Flowery

Physicians (Physician or midwife)

Address Wallace Ida

Filed June 30 1920 F. L. [illegible]

Registrar

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-210-040-885

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 10 File No. 82896

No. ____ St. Primary Registration District No. 1011 Registered No. 29

Hospital Providence

FULL NAME OF CHILD Mary Elizabeth Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	June 10 1920

	FATHER	MOTHER
FULL NAME	Thomas R. Jones	FULL MAIDEN NAME Viola Hyndes
RESIDENCE	Wardner Ida	RESIDENCE Wardner Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Mo	BIRTHPLACE Mo
OCCUPATION	Cashier Bank	OCCUPATION Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

(Signature) Dr. Mowery

(Physician or midwife)

Address Wallace Ida

Filed June 30 1920 F. L. Hunter Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19..... Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each one, in order of birth stated.

455-213-040-413

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 10 File No. 82897

No. ____ St. Primary Registration District No. 1011 Registered No. 28

Hospital Providence

FULL NAME OF CHILD Bonita G. Devan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	May 13 1920

	FATHER	MOTHER
FULL NAME	William Audrey Devan	FULL MAIDEN NAME Freda Mack
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Montana	BIRTHPLACE Wash.
OCCUPATION	Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

..... Registrar Filed June 30 1920 F. L. Jenkins Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1948

449-112-040-556

PLACE OF BIRTH

County of Shoshone

City of Wallace

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 82898

No. ..... St. Primary Registration District No. 1011 Registered No. 27

Hospital Providence

FULL NAME OF CHILD Leonard Murphy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 12 1920

	FATHER	MOTHER
FULL NAME	Dan Murphy	FULL MAIDEN NAME Katherine Heffernan
RESIDENCE	Tamarack Mine	RESIDENCE Tamarack Mine
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Mich	BIRTHPLACE Penn.
OCCUPATION	Mine Foreman	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr. Mowry
Physicians
(Physician or midwife)

Address Wallace Ida

Filed June 30 1920 F. L. Hunter
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1968

692-130-040-238

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 82899

No. ..... St.

Primary Registration District No. 1011 Registered No. 37

Hospital Providence

FULL NAME OF CHILD Donald Lynn Fisher

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur L. Fisher	FULL MAIDEN NAME	Amanda Schoutz
RESIDENCE	Placer Creek	RESIDENCE	Placer Creek
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Minn.
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M. on the date above stated.

(Signature) Drs Mowery
Physicians
(Physician or midwife)
City

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Address .....

Filed July 7 1920 F. L. Fisher

Registrar Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

443-229-040-294

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 82900

No. ..... St.

Primary Registration District No. 1011

Registered No. 36

Hospital Providence

FULL NAME OF CHILD Burnell Frances Mullin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	June 29 1920

FATHER		MOTHER	
FULL NAME	William Mullin	FULL MAIDEN NAME	Hellie Brunell
RESIDENCE	Tamarack Mine	RESIDENCE	Tamarack Mine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Storekeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida

Filed July 1 1920 F L Fin

Registrar

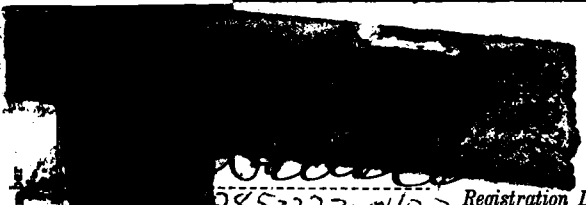
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 31 1915



Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

285-223-040-314 Registration District No. 10 File No. 82901

St.

Primary Registration District No. 1011 Registered No. 35

[redacted]ovidence JUNE P Sherman

[redacted]ME OF CHILD [redacted]

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Sherman	FULL MAIDEN NAME	Anna Ladouceur
RESIDENCE	City	RESIDENCE	City
COLOR	W AGE AT LAST BIRTHDAY 50 (Years)	COLOR	W AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	California	BIRTHPLACE	Canada
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address City

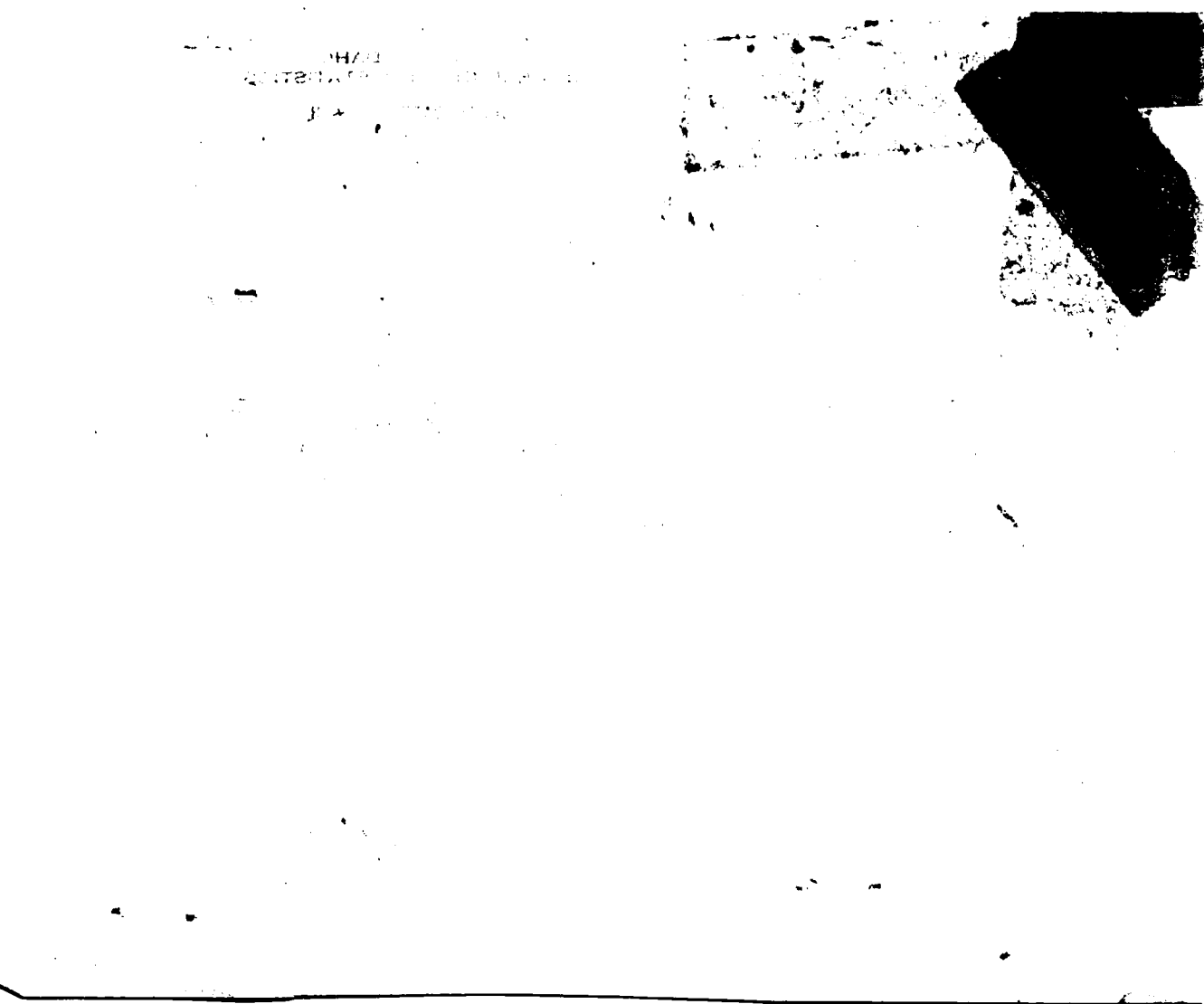
19

Filed July 7 1920 F L Jessup

Registrar Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 82901
Date Filed MAR.

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for June Marie Sherman (Name on Original Certificate) who born (Was Born or Died) on June 23, 1920 (Date of Event)
in Wallace Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 19, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Josephine Sherman	June Sherman

Subscribed and sworn to before me this 17th day of March, 1942

Notary Public, residing at Mullan, Ida
My commission expires March 5, 1944
(Seal)

Signed Anna May Huston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
621 1/2 Knob Hill, Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

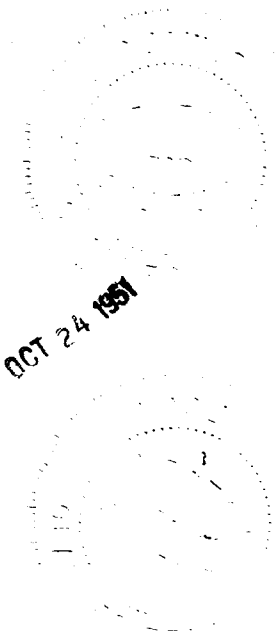
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of March, 1942

Notary Public, residing at Mullan, Ida.
My commission expires March 15, 1944
(Seal)

Signed George Huston
(Signature of Any Credible Person Other Than Previous Year)
621 1/2 Knob Hill, Seattle, Wash.
(Street Address, City, State)

MAR 28 1942



11312-040-792

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 10 File No. 82902

No. ____ St. Primary Registration District No. 1811 Registered No. 34

Hospital Providence

FULL NAME OF CHILD John D'Arcy Jacobs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	June 21 1920

	FATHER	MOTHER
FULL NAME	John B. Jacobs	FULL MAIDEN NAME Bessie Gibbons
RESIDENCE	[redacted] Kellogg Ida	RESIDENCE Kellogg, Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Calo	BIRTHPLACE Ariz.
OCCUPATION	Dairyman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive or stillborn, at 6 A M. on the date above stated.

(Signature) Dr. Mowery
(Physician or midwife)
Address Wallace Ida

Filed July 7 1920

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

OCT 22 1964

FEB 24 1943

MAR 19 1945

859205 029-363

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] Utah

City of Moscow

Registration District No. 61

File No. 82903

No. In St.

Primary Registration District No. 1011

Registered No. 280

Hospital Inland Empire Cicely

FULL NAME OF CHILD ~~Cicely~~ Ann Herman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin (To be answered only in event of plural births)		2nd	yes	Aug 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Henry Herman	FULL MAIDEN NAME	Lyela Lockridge
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Whitman Co. Wash.	BIRTHPLACE	Plattsmouth Neb.
OCCUPATION	Hardware Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow Idaho

Registrar

Filed Aug 5 1920. N. H. Carithers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1943

MAY 2 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3:19-242-029-563

PLACE OF BIRTH

County of Latah

City of Moscow.

No. ..... St.

Hospital Barthers

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 82804

Primary Registration District No. 1011 Registered No. 281

FULL NAME OF CHILD Doris Jean Carpenter

Sex of Child	Twin, Triplet, or other	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	Aug 22 1920

FATHER	MOTHER
FULL NAME George Otes Carpenter	FULL MAIDEN NAME Marie Nothnagel
RESIDENCE Moscow Ida	RESIDENCE
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Washington	BIRTHPLACE Neb.
OCCUPATION Common Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow

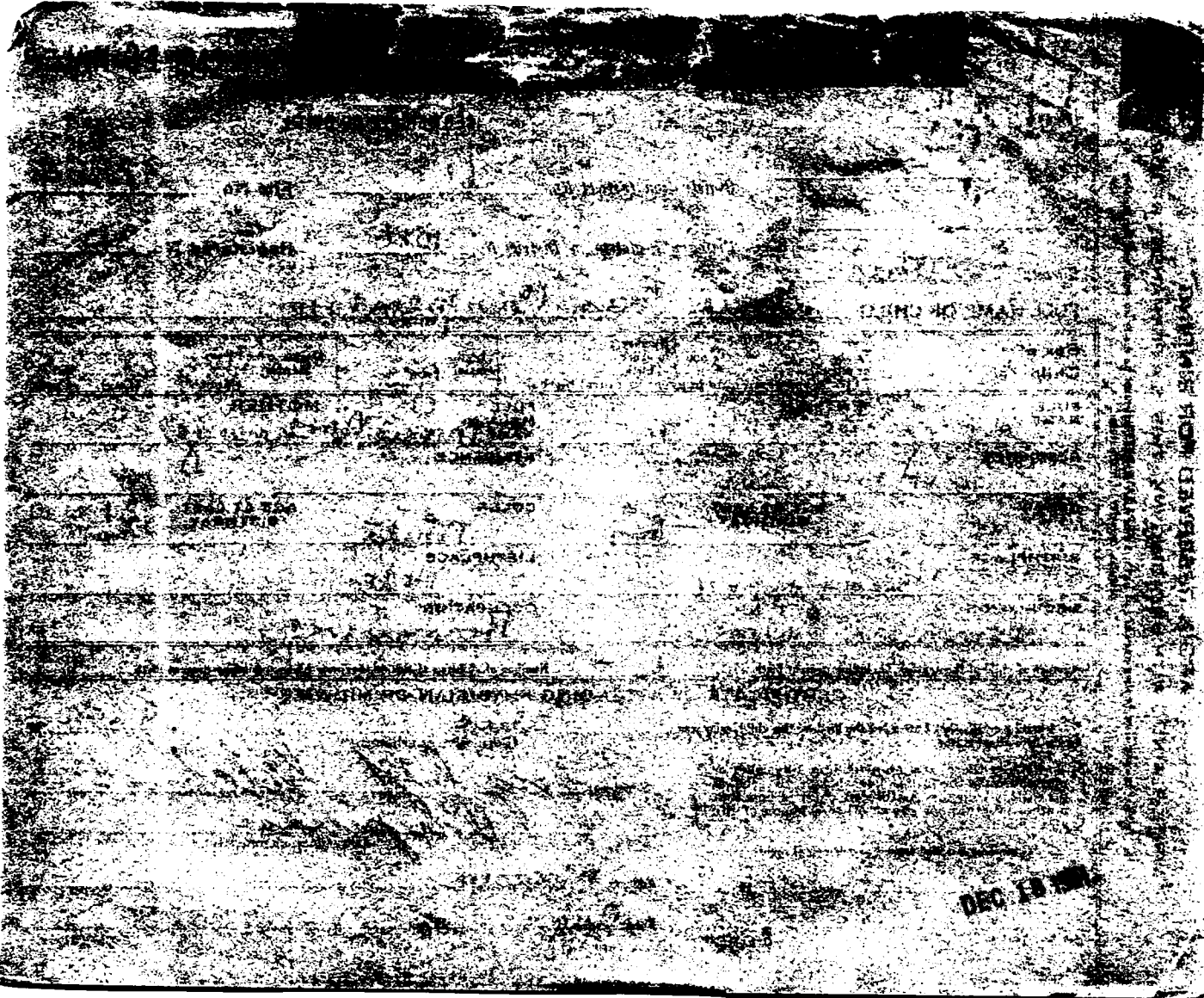
Given names added from a supplemental report

..... 19.....

Filed Aug 25 1920 W. H. Barthers
Registrar

..... Registrar

S-Y CO. 20174



632-103-029-766

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Moscow

No. 714 S. Jefferson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 82906

Primary Registration District No. 1011 Registered No. 278

FULL NAME OF CHILD Glenn Norman Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Helmer Olson	FULL MAIDEN NAME	Lavina Lena Goodwin
RESIDENCE	714 S. Jefferson	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oakdale, Neb.	BIRTHPLACE	Filmore Co. Minn.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow Idaho

Registrar

Filed Aug 26 1920 W. H. Carithers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/17/41 L. B.

APR 15 1942

847-11-4529-593

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 222 N. Adams St.

Hospital

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

82907

Registration District No. 61 File No.

Primary Registration District No. 10-11 Registered No. 282

FULL NAME OF CHILD James Robert Hugo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug. 14 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles John Hugo	Jessie Nichols
RESIDENCE	Moscow, Idaho	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	37
BIRTHPLACE	Illinois	Kansas
OCCUPATION	Automobile Business	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Clark M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 30 1920 W. H. Garthers
Registrar

AUG 17 1945

cc 2-8-41 CAB

691-121-029-395

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 319 E. "D" St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 82808

Primary Registration District No. 1011 Registered No. 284

FULL NAME OF CHILD Richard Charles Frazier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 21 1920

FATHER		MOTHER	
FULL NAME	Harry Frazier	FULL MAIDEN NAME	Agnes Clara Tinn
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Colorado
OCCUPATION	Laborer at Hamster Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Clark M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Idaho

Filed Aug 31 1920 W. H. Carothers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

633-230-029-748

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 101

File No. 82909

Primary Registration District No. 1011

Registered No. 285

FULL NAME OF CHILD Virginia Darlyne Ott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford M. Ott	FULL MAIDEN NAME	Retha Guy
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa Falls, Iowa	BIRTHPLACE	Moscow, Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Clark, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Moscow, Idaho

Filed Aug 31 1920 W. H. Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5

OCT 5 1971

415-218-029-364

Form V. S. No. 11-O—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital ..... Irene Clare Manderfeld

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 62 File No. 82910

Primary Registration District No. 2142 Registered No. .....

FULL NAME OF CHILD Irene Clare Manderfeld

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	8/18-20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Manderfeld	FULL MAIDEN NAME	Anna Combridge
RESIDENCE	Genesee, Ida	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Genesee	BIRTHPLACE	Genesee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. P. Rouse MD

(Physician or midwife)

Given names added from a supplemental report.

Address Genesee Idaho

K ..... 19....

Filed 8-31 1920 W. H. Ehlen

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 82910

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Irene Clare Manderfeld (Name on Original Certificate) who Was Born (Was Born or Died) on Aug. 18-1920 (Date of Event)
in Genesee Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Merderfeld	Manderfeld
Name	Claire	Irene Clare Manderfeld

Subscribed and sworn to before me this 13th day of June, 1942

Notary Public, residing at Genesee Idaho

My commission expires May 3-1943
(Seal)

Signed Henry A Manderfeld
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Genesee Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of June, 1942

Notary Public, residing at Genesee Ida

My commission expires May 3-1942
(Seal)

Signed Matt Baumgartner
(Signature of Any Credible Person Other Than Previous Year)

Genesee Idaho
(Street Address, City, State)

JUN 18 1942

Corrected 6/22/42 Z.J.

NOV 15 1956

JUN 24 [illegible]

367-106-029-695

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

Registration District No. 64 File No. 82911

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Delbert Eugene Cox

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1	yes	Aug. 6 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Cox	Hildua Friedman
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Kentucky	near Troy, Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was J. D. Orn. Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Hopkins
Physician
(Physician or midwife)

Given names added from a supplemental report. .....

Aug 12 1912 Address Troy Idaho

J. E. Pickerel Registrar

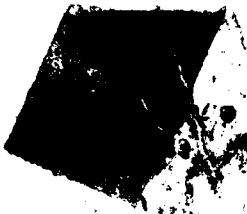
Filed Aug. 12 1912

J. E. Pickerel Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



819-205-029-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

[redacted]AHO
BU[redacted]STATISTICS
[redacted]E OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. ..... File No. 82912

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Blanch Loetta Harris

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	3	yes	Aug 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Harris	FULL MAIDEN NAME	Myrtle Parrish
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Troy Idaho	BIRTHPLACE	Leland Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

Aug 12 1920 Address Troy Idaho

J E Pickerd Registrar Filed Aug 12 1920 J E Pickerd Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-218-029-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

[redacted]DAHO
B[redacted]L STATISTICS
[redacted]E OF BIRTH

County of Latoh

City of Tray

Registration District No. [redacted]

File No. 82913

No. ..... St.

Primary Registration District No. 2144

Registered No. .....

Hospital ..... CAMILLE LOUISE

FULL NAME OF CHILD ~~Louise Helen~~ Peck

Sex of Child	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	3	yes	Aug (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Rupert LeRoy Peck	FULL MAIDEN NAME	Hanna Lee
RESIDENCE	Tray Idaho	RESIDENCE	Tray Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

Sept 1 1920

J E Pickerd
Registrar

Address Tray Idaho

Filed Sept 1 1920

J E Pickerd
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 6/9/41. w.h.

Commonwealth of Pennsylvania
County of Erie } ss.

On this 15th day of April A. D. 1943, personally appeared before me a Justice of the Peace in and for the aforesaid County duly authorized to administer oaths, Mrs. Hanna Marie Peck who being duly sworn according to law doth depose and say: She is the mother of Camille Louise Peck whose birth occured August 18th 1920 at Troy Idaho, That her name as given on birth certificate records as being Louise Helen Peck is incorrect, And ask that the record be altered to read Camille Louise Peck.

Sworn and subscribed before me this 15 day of April A. D. 1943.

Mrs. Hanna Marie Peck

AUG 10 1962

623-211-029-177 [redacted]

Form V. S. No. 11-C—25m-8-8-27

PLACE OF BIRTH [redacted] TE OF IDAHO
[redacted] F VITAL STATISTICS
[redacted] IFICATE OF BIRTH

County of Latah

City of Troy

Registration D[redacted]

File No. 82914

No. ..... St.

Primary Re[redacted] No. 2144

Registered No. .....

Hospital .....

FULL NAME OF CHILD Violet Osterberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	—		4	yes	Aug 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Osterberg	FULL MAIDEN NAME	Minnie Applequist
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Henkle

Physician (Physician or midwife)

Given names added from a supplemental report.

Sept 1 1920 Address Troy Idaho

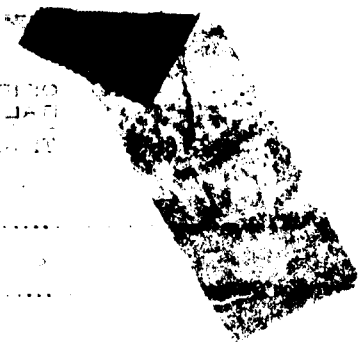
J. E. Prekerd Registrar

Filed Sept 1 1920 J. E. Prekerd Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 1 1 1943

31X124-029-665

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Princeton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 82915

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD ~~Hoxxxxxxx~~ HERSCHEL James Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 24, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Harvey Campbell	FULL MAIDEN NAME	Bertha Donn Wonderly
RESIDENCE	Princeton, Idaho	RESIDENCE	Princeton, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Fears MD

Potlatch, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch, Idaho

Filed Aug. 30 1920 J. W. Thompson per RJH Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE ~~OF BIRTH~~ OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 82915

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Campbell	Herschel James Campbell

Subscribed and sworn to before me this 13
day of February, 19 42

Notary Public, residing at Potlatch, Idaho

My commission expires December 10, 1943
(SEAL)

Signed Mrs. Bertha Campbell Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Harvard, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 1 8 1942

793-225 1029-289

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 82916

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Helen Nancy Gilliam

Sex of Child female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Aug 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nelson Henry Gilliam	FULL MAIDEN NAME	Helen Imo Shifley
RESIDENCE	Potlatch, Idaho	RESIDENCE	Potlatch, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis M.D.
(Physician or midwife)

Address Potlatch, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 30 1920 J. W. Thompson per APL Registrar

OCT 4 1960

JUL 27 2011

493-108-029-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 82917

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Stanley Raymond Mills.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Byron Mills	FULL MAIDEN NAME	Bena Marie Anderson
RESIDENCE	Potlatch, Idaho	RESIDENCE	Potlatch, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	California	BIRTHPLACE	Denmark
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Fevrs M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch, Idaho

Filed Aug 14 1920 J. W. Thompson per Ofr Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1942

JUL 9 1968

SEP 12 1956

NOV 1 1968

- - 9932 021029-257

Amended 3-5-64

(Be sure the information is complete and accurate)

State File No. 82918
Local Reg. No.
Reg. Dist. No. 65

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)
a. (First): Virginia
b. (Middle): Mae
c. (Last): Richter

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): August 7, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Herbert
b. (Middle): E.
c. (Last): Richter
8. COLOR OR RACE: White
9. AGE (At time of this birth): 26 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Minnesota
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Marie
b. (Middle): K.
c. (Last): Kegley
13. COLOR OR RACE: White
14. AGE (At time of this birth): 25 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Washington
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were still born (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Paul J. Lewis, M.D.
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Potlatch, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Aug. 9, 1920
20. REGISTRAR'S SIGNATURE: J.W. Thompson per P.J.L.
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owr the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth c red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) **Signature of Physician:**

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 27 1964 Bureau of Vital Statistics

State of CALIFORNIA } ss.
County of Orange

Certificate No. 82918

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Virginia Mae Richter (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 190 (Date of Event) in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance policies (Bible Record, Insurance Policy, Etc.) prepared on 1932 and 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Aug. 7, 190	August 7, 1920

Subscribed and sworn to before me this 6th day of January 19 64

Notary Public, residing at Seal Beach, Calif.

My commission expires July 28, 1966

(Seal)

VICTAL SEAL
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN ORANGE COUNTY

Signed Marie K Buckman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

13421 Fairfield Lane, Apt. 55 D.
Seal Beach (Street Address, City, State) California

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of January 19 64

Notary Public, residing at W. 811-25 Spokane, Wash.

My commission expires Dec 19, 1967

(Seal)

Signed Herbert E Richter
(Signature of Any Credible Person)

E8407 Mt Prevor Drive
(Street Address, City, State)
Spokane, Wash

FORM DH 60-155 CL 12-20-63. ~~mm~~ one copy pd. rec. #14903.

Vancouver, Washington Public Schools Application for Position as Teacher, dated July 8, 1941 gives full name as Virginia Richter, born August 7, 1920 - viewed by V.S.

Statement from Warren E. Morgan, acting Supt. of Schools, Spokane, Washington states that Virginia Richter attended the Lewis & Clark High School in the City of Spokane, at which time she was listed as having been born 8-7-1920 and parent's name was given as H. E. Richter. This record is establised on information collected by school authorities in the Lewis & Clark High School for 9-24-1934." - viewed by V.S. statement was written Feb. 26, 1964 -

469-24-029-243

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 82919

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~Xxxxxx~~ Morgan Roberta Laura Morgan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Aug 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Morgan	Florence Buchanan
RESIDENCE	Juliaetta Idaho	Juliaetta
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	27
BIRTHPLACE	Neb	Penn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Roberts MD
(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 25 1920 R. F. Peterson
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 82919

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Roberta Laura Morgan (Name on Original Certificate) who was born (Was Born or Died) on August 24, 1920 (Date of Event)
in Julietta, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on September, 2, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Kid Morgan	Roberta Laura Morgan

Subscribed and sworn to before me this 8th
day of January 1944

Robert W. Peterson
Notary Public, residing at Moscow, Idaho
My commission expires Jan. 12, 1946
(Seal)

Signed Florence E. Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of ~~January~~ May 1944

Barbara Miller
Notary Public, residing at Moscow Idaho
My commission expires May 4, 1948
(Seal)

Signed
(Signature of ~~Any~~ Credible Person Other Than Previous Year)

615 S. Adams St. Moscow Idaho
(Street Address, City, State)

MAY 29 1944

MAY 3 1 1944

965-227-029-751

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 68 File No. 82920

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Doris May Pongsted

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 27 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Arthur Norman Pongstead	FULL MAIDEN NAME	Vera Pearson
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Kendrick Idaho

Filed 9-8 1920 R. F. Pepple
Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-228

PLA[redacted]

035-73[redacted] Nez Perces

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Cameron

Registration District No. 68

File No. 82921

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Viola Irene Schultz

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 28 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Schultz	Hannah Gladden
RESIDENCE	Cameron Idaho	Cameron Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	30 (Years)
BIRTHPLACE	Minnesota	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-15 P. M. on the date above stated.

(Signature) W. A. Rathvon M.D.

(Physician or midwife)

Address Kendrick Idaho.

Filed 9-8 1920

R. F. Pepple Registrar

Julia Ida

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1958

695-121-029-964 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 82922

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD CLARENCE Holger ~~[illegible]~~ Oien

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	}		2	yes	Aug (Month) 21 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter O Oien	FULL MAIDEN NAME	Ingeburge Ronningbak
RESIDENCE	Latah Co.	RESIDENCE	Latah Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Hein

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch Ido.

Registrar

Filed Sept 1 1920 J. W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82922

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth for Holger Danel Oien (Name on Original Certificate) who ~~died~~ (Was Born or ~~Died~~) on Aug 21st., 1920 (Date of Event) in Pottatch, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the true facts are shown by Natl. Service Life Ins. (Bible Record, Insurance Policy, Etc.) prepared on Sept. 16-1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "~~Cause of Death~~", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Holger Danel Oien	Clarence Holger Oien
Clarence Holger Oien		
Aug 21st., 1920.		
		Peter O. Oien Father
	X	Jonetta Oien Mother

Subscribed and sworn to before me this 27th day of October, 1944

L. O'Meara
Notary Public, residing at Spokane Wash.

My commission expires July 18-1947.
(Seal)

Signed X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1944

L. O'Meara
Notary Public, residing at Spokane, Wash.

My commission expires July 18-1947
(Seal)

Signed X Ona E Taylor
(Signature of Any Credible Person Other Than Previous Year)

R# 5 Spokane, Wash.
(Street Address, City, State)

OCT 3 1 19

Amended 4/27/73
399-114-029-255

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of

No. St.

Hospital

Registration District No. 65 File No. 82923

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Hershiel Lewis Tribble

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Aug (Month) 14 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hershiel H Tribble	FULL MAIDEN NAME	Lolah M Benge
RESIDENCE	Latah Co.	RESIDENCE	Latah Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ido.	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heini

Palouse Wash
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 1 1920 J. W. Thompson per Rgh Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 1971

SEP 20 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 21 8 59 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 82923

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Hershiel Louis Tribble (Name on Original Certificate) who was born (Was Born or Died) on Aug. 14, 1920 (Date of Event) in Latah County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Hershiel Louis Tribble	Hershiel Lewis Tribble

Subscribed and sworn to before me this 25th day of April, 1973

Keva D. Alsaker

Notary Public, residing at Moscow Idaho 83843

My commission expires June 26, 1974

(Seal)

Signed X Helen Catherine Tribble

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of April 1973

Keva D. Alsaker

Notary Public, residing at Moscow Idaho 83843

My commission expires June 26, 1974

(Seal)

Signed X Michael Sabott

(Signature of Any Credible Person)

Syringa trot #15 Moscow Idaho

(Street Address, City, State)

FORM DH 60-155

CL 4/24/73 nm Rush

Insurance Policy # 84138 Royal Neighbors of America dated August 20, 1936 gives name as Hershiel Lewis Tribble, - Mary E. Arnholt- Supreme Oracle.

Viewed by VS

APR 27 1973

Own childs birth certificate Connie Kay Tribble born Oct. 1, 1945 Moscow, Idaho - State File # 412761 gives fathers name as Hershiel Lewis Tribble.

Viewed by VS

542-130-029-967

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 987 Fir St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 82924

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Angelo Nussio

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	twin		second	yes	Aug. (Month) 30 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. Nussio	FULL MAIDEN NAME	Marie Pozzibon
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Lumber Piler	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heim

MD

(Physician or midwife)

Address Potlatch Ido

Given names added from a supplemental report.

____ 19__

Registrar

Filed Sept 1 1920 J. W. Thompson per PJH Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

542-230-029-769

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 987 Fir St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 82925

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Annie Nussio.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	twin		first	yes	Aug (Month) 30 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. Nussio	FULL MAIDEN NAME	Marie Pozzibon
RESIDENCE	987 Fir St Potlatch Ida	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Lumberpiler	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Hein MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Potlatch Ida.

Filed Sept 1 1920 J. W. Thompson per AG Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-124-030-236

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 82926

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Harold E. Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 24th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank Brown	FULL MAIDEN NAME	Estelle Schofield
RESIDENCE	Gutson Ck	RESIDENCE	Gutson Ck
COLOR	wlp AGE AT LAST BIRTHDAY 33 (Years)	COLOR	wlp AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hsf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a M. on the date above stated.

(Signature) F S Wright-M D

(Physician or midwife)

Address Salmon

Filed 9/10 1920 M. Dering Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1968

785-127-070-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41 File No. 82927

No. ..... St.

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald James Pyeatt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 27 1920

FATHER		MOTHER	
FULL NAME	Don J Pyeatt	FULL MAIDEN NAME	Georgia Bolgate
RESIDENCE	Lemhi	RESIDENCE	Lemhi
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M. on the date above stated.
(Born alive or stillborn)

(Signature) F S Wright M D

(Physician or midwife)

Address Salmon Ida

Filed 9/10 1920 M Deming Greene
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-42-030-564

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

FULL NAME OF CHILD Elaine Thrasher

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 82928

Primary Registration District No. 2176 Registered No. _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Aug 12th 1920

FATHER	MOTHER
FULL NAME Ralph Thrasher	FULL MAIDEN NAME Mable Irene Noddings
RESIDENCE Salmon	RESIDENCE Salmon
COLOR wht	COLOR wht
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Neb
OCCUPATION Garage man	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Address Salmon

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/10 1920 M. Herring Greene Registrar

S-Y-CO 58071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1943.

319-16-28-418

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake, Ida. Registration District No. 42 File No. 82929

No. ..... St. Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1	—	Yes	June 16 1920

FATHER		MOTHER	
FULL NAME	Warren Carlkins	FULL MAIDEN NAME	Teresa Mahoney
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Moscow Ida	BIRTHPLACE	Moscow Ida
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

(Signature) Earle D. Prindle M.D.

(Physician or midwife)

Address .....

Filed 9/21 1920 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
643-24-028-315
County of Kootenai
City of Spirit Lake, Idaho
No. ____ St. ____
Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

August 23, 1946
Registration District No. 42
File No. 82930
Primary Registration District No. ____
Registered No. ____

FULL NAME OF CHILD Mary Elizabeth Hulet
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	September 14, 1920

9/14/1920

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Robert J. Hulet	FULL MAIDEN NAME: Ethel Bangworthy
RESIDENCE: Sprit Lake, Idaho	RESIDENCE: Spirit Lake, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 20	AGE AT LAST BIRTHDAY (Years): 31
BIRTHPLACE: Wash.	BIRTHPLACE: Wash.
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P ____ M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

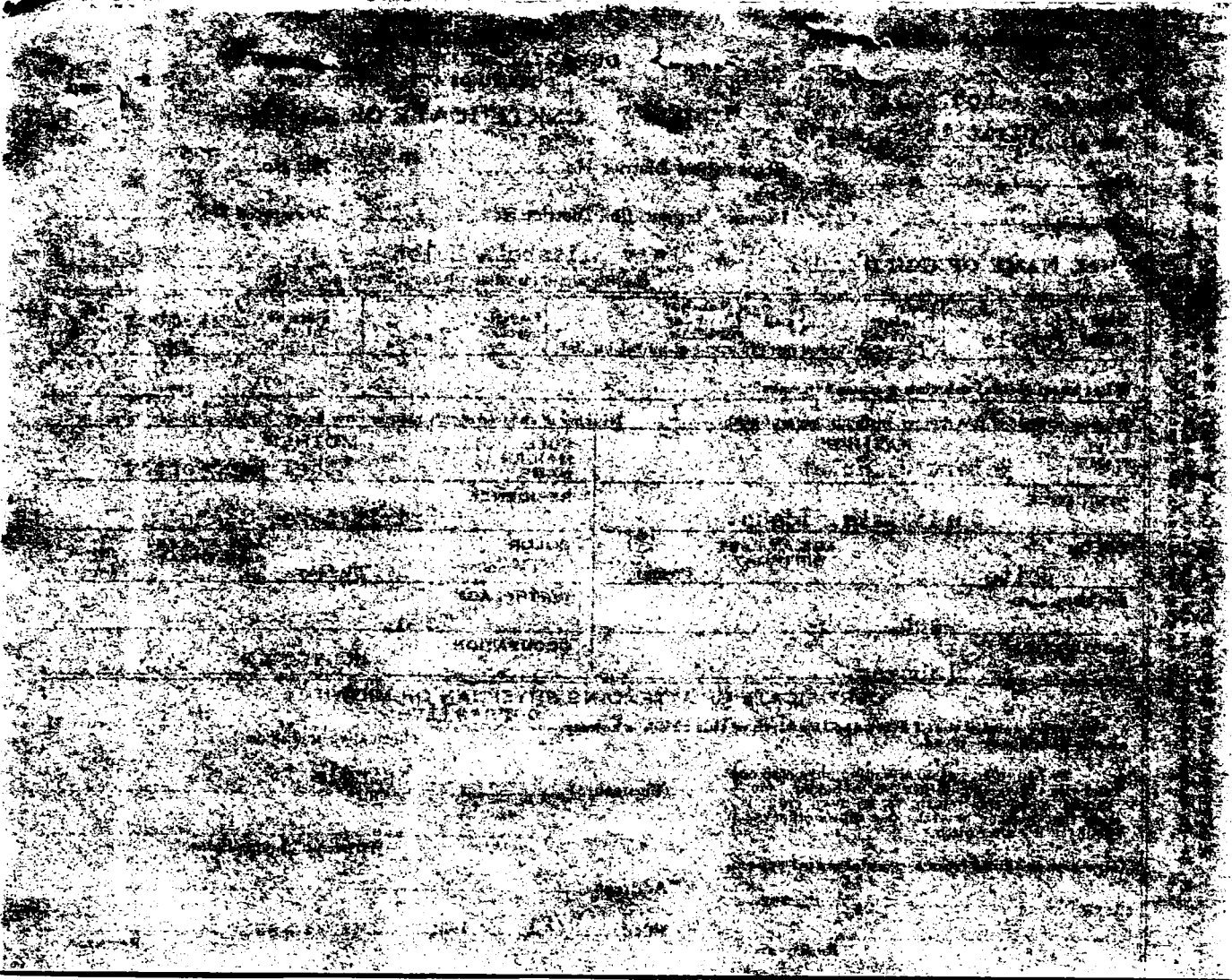
..... , 192....

..... Registrar.

(Signature) Earl S. Prindle
(Physician or midwife)

Address ____

Filed 9/21 1920 Ivan Kessick
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 82930
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Hulet	Mary Elizabeth Hulet
Birth Date	September 15, 1920	September 14, 1920

Subscribed and sworn to before me this 20 day of Aug, 1946
Paul T. Waller
Notary Public, residing at Yakima
My commission expires 3/27/49
(Seal)

Signed x Ethel Langworthy Hulet
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R6 Yakima Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Yakima }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Aug, 1946
Paul T. Waller
Notary Public, residing at Yakima
My commission expires .....
(Seal)

Signed x G M Rainsbergen
(Signature of Any Credible Person)
1210 McKinley av
(Street Address, City, State)
Yakima Wn

AUG 23 1946

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kashaney

City of Spirit Lake, Ida.

No. _____ St.

Hospital _____

Registration District No. 42

File No. 82931

Primary Registration District No. _____

Registered No. _____

Full Name of Child Baby Kunkle

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
M	1		—	Yes	9 (Month) 16 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Asa Kunkle	FULL MAIDEN NAME	Margaret Vanderwort
RESIDENCE	Blanchard Id	RESIDENCE	Blanchard Id
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	—	BIRTHPLACE	West Virginia
OCCUPATION	Lab	OCCUPATION	Hsw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (forceps), at 6 45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle D Prindle

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Registrar

Filed 9/21 1920 [signature]

Registrar

N. B.—In case of more than one child at birth, a [illegible] of each, in order of birth stated.

Dup of 1920-390102

613-108-028-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake, Ida. Registration District No. 42 File No. 82932

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Boy Falkenberg, Jr. Harold Stanton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1			Yes	8-8 1920

FATHER		MOTHER	
FULL NAME	Thos Falkenberg	FULL MAIDEN NAME	Ruth Lee
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Ia
OCCUPATION	Lab. Saw mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A M. on the date above stated.

(Signature) Earle O Brindley M.D.

(Physician or midwife)

Address .....

Filed 9/4 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1959

JUN 4 1942

2/25/41 L. B.

639-107-028-413

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 42 File No. 82933

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Olin, Raymon Charles

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	8 - 7 1920

FATHER		MOTHER	
FULL NAME	Chas Olin	FULL MAIDEN NAME	Caterina Mace
RESIDENCE	Blanchard Id	RESIDENCE	Blanchard
COLOR	White	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minn.	BIRTHPLACE	Wash.
OCCUPATION	Lab	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S Drindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/1 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 19 1942

454.230-028-243

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 42 File No. 82934

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Deming

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	1			Y	7-30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. K. Deming	FULL MAIDEN NAME	Harriet Bolger
RESIDENCE	Sp Lake Id	RESIDENCE	Spirit Lake Id
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Box Factory Prop.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle P Prindle MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 8/1 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-111-028-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida.

Registration District No. 45

File No. 82935

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Xxxxx~~ Dolan, JAMES PATRICK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	1		—	yes	9 (Month) – 11 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Dolan	FULL MAIDEN NAME	Mary Prechinger
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Idn
COLOR	Wh.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis.	BIRTHPLACE	Minn.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.25 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl O Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/15 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 82935
Date Filed 1920

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Dolan (Name on original certificate) who was born (Was born or died) on Sept. 11, 1920 (Date of event)
in Spirit Lake, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible and Insurance (Bible record, insurance policy, etc.) prepared on 1920 and 1940 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Dolan	James Patrick Dolan
James Patrick Dolan		

Subscribed and sworn to before me this 13 day of [illegible], 1941.

[illegible]
Notary Public, residing at Post Falls
My commission expires April 1-1942
[SEAL]

Signed Mrs. George E. Dolan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 212 Post Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed L. N. Hallberg
(Signature of any credible person other than the previous affiant.)

211-7th St., Post Falls, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

415-213-031-955

Form V. S. No. 11-C—25m-9-8-17

[redacted]TATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Craigmont R#2

Registration District No. 50

File No. 82936

No. ..... St.

Primary Registration District No. 2129

Registered No. 31

Hospital .....

FULL NAME OF CHILD Eva Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	Yes	8-13-1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Charles Spencer Davis	FULL MAIDEN NAME	Alma Rees
RESIDENCE	Craigmont R#2	RESIDENCE	Craigmont R#2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Craigmont Idaho

Filed 8/26 1920 R. E. Dunlop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 7 1966
DEC 21 1967

752-216(031-533

Form V. S. No. 11-C—25m-8-8-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Mobler R.F.D.

Registration District No. 30

File No. 82937

No. ..... St.

Primary Registration District No. 2129

Registered No. 32

Hospital .....

FULL NAME OF CHILD Benita Lorain Geboe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	Yes	8 (Month) 16 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy A Geboe	FULL MAIDEN NAME	Zoe L Elliott
RESIDENCE	Mobler, R.F.D.	RESIDENCE	Mobler R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oklahoma City	BIRTHPLACE	Dayton Wash
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was live alive (Born alive or stillborn), at 4P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Craigmont Ida

Filed 8/21 1920 R. E. Dunlap

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-119-031-261

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont RFD

Registration District No. 30

File No. 82938

No. ..... St.

Primary Registration District No. 2129

Registered No. 33

Hospital .....

FULL NAME OF CHILD Glenn Edward Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Aug 19 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harley Edgar Smith	FULL MAIDEN NAME	Anna Ellen Swanson
RESIDENCE	Craigmont RFD	RESIDENCE	Craigmont RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Fletcher Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Craigmont Idaho

Filed 8/22 1920 R E Dunlap

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-220-031-213

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 82939

Primary Registration District No. 2129 Registered No. 34

FULL NAME OF CHILD Margaret Marie Lunders

Sex of Child female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 8-20-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Lewis Lunders	FULL MAIDEN NAME	Elsie Viola Boleman
RESIDENCE	Reubens Ida	RESIDENCE	Reubens Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	S Dakota	BIRTHPLACE	Oakdale Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Dunlop M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Craigmont Ida

Filed 8/21 1920 R E Dunlop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1964

MAY 19 1964

759-202
031-335

Form V. S. No. 11-7—25m-9-8-17

PLACE OF BIRTH

County of Lewis

City of Craigmont

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 50 File No. 82940

Primary Registration District No. 2129 Registered No. 83

FULL NAME OF CHILD Margaret Elinor Gregory

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. 2, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Austin D. Gregory	FULL MAIDEN NAME	Ellen M. Clear
RESIDENCE	Craigmont, Ida.	RESIDENCE	Craigmont, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Michigan	BIRTHPLACE	Minnesota
OCCUPATION	Warehouse Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Darby M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Craigmont, Idaho.

Filed 8/31 1920 R. E. Dewal

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 7 1972

SEP 10 1982

APR 8 1948

959.131-031-395

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler RFD

Registration District No. 50

File No. 82941

No. ..... St.

Primary Registration District No. 2129

Registered No. 36

Hospital .....

FULL NAME OF CHILD Donald Elwyn Reid

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Aug 31 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robt Reid	MAIDEN NAME	Ella May Lovengood
RESIDENCE	Mohler RFD	RESIDENCE	Mohler RFD
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Grundy Cnty, Iowa	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a.m. P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Craigmont Idaho

Filed 9/1 1920 R. E. Dunlop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 - 1965

385-227-032-216

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

[redacted]

For S. No. 11—[illegible]

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 82942

Primary Registration District No. 1016 Registered No. 29

Full Name of Child Barbara Anna Cheney

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl A. Cheney	FULL MAIDEN NAME	Harriett M. Lawyer
RESIDENCE	Shoshone Ida.	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M D (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed Aug 27 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

File No.

Registered No.

Full Name of Child

Twin
Triplet
or other

Number
in order
of birth

Length
Weight

DATE OF
BIRTH

MOTHER

FULL
MAIDEN
NAME

RESIDENCE

AGE AT LAST
BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children of this mother now living

CERTIFICATE OF ATTENDANT OR SIGNATURE OF MOTHER

I hereby certify that I attended the birth of this child, who was on the date above stated

Signature

Address

19

Attended

Registered

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

353-220 A032-717

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 82943

Primary Registration District No. 1016

Registered No. 28

Full Name of Child ~~Rose~~ ROSITA Lecertua

SEX OF CHILD: Female	Twin Triplet or other? — and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Aug (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Miguel Lecertua	FULL MAIDEN NAME	Julia Pagaaga
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep tender	OCCUPATION	Sheep tender

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed Aug 21 1920 J. L. Fuller

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

Form V. S. No. 11—25m-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

File No. 82313

Registered No.

Full Name of Child

SEX OF CHILD	Twin Triplet or other?	Number of Birth	Legitimate	DATE OF BIRTH
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother including present birth ... Number of children of this mother now living ... present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was on the date above stated.

Signature

Address

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of LINCOLN }

Certificate No. 82943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for ROSE LECERTUA (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on AUG. 20, 1920 (DATE OF EVENT)
in SHOSHONE, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by INSURANCE (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on JAN 21, 1939 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Rose	Rosita Lecertua

Subscribed and sworn to before me this 16th day of December, 1941.

Paul B. Haddock

Notary Public, residing at Shoshone, Idaho.

My commission expires March 26, 1942.

(SEAL)

Mrs. M. Lecertua

Signed [redacted]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Shoshone, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of December, 1942.

Paul B. Haddock

Notary Public, residing at Shoshone, Idaho.

My commission expires March 26, 1945.

(SEAL)

Signed Agnes Pagaegan

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

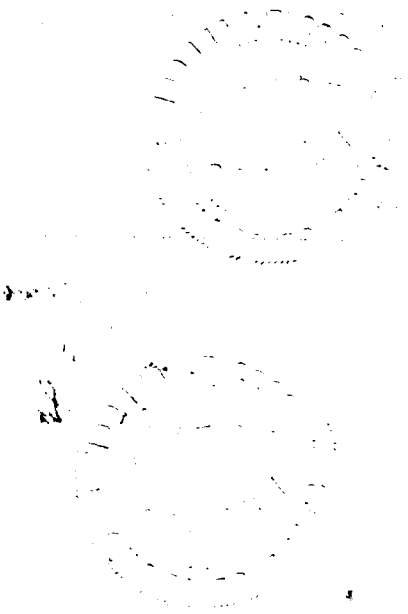
Shoshone, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 22 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Rhoshone Ido.

No. 361-110-032-295 St.

Registration District No. 16

File No. 82944

Primary Registration District No. 2016

Registered No. 27

Hospital

Full Name of Child Baby

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Aug 10 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Albert Francis Coates	FULL MAIDEN NAME Ida May Kingston
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR White AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Canada	BIRTHPLACE Ill.
OCCUPATION Express Messenger R.R.	OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 40 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 11 1920 J. L. Fuller

Registrar

K

438-120-040-314

PLACE OF BIRTH

STATE OF IDAHO [redacted]
BUREAU OF VITAL STAT[redacted]

C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 82946

No. _____ St.

Primary Registration District No. 1011

Registered No. 33

Hospital Providence

FULL NAME OF CHILD Wm Horton McHarness

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	June 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl L. McHarness	FULL MAIDEN NAME	Mary Emma Ladrecum
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wash
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 Am M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Hockslager MD

(Physician or midwife)

Given names added from a supplemental report.

Address

_____ 19__

Filed July 4 1920 F L Jeffery

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

253-216-040-655

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Near Wallace Registration District No. 122 File No. 82947

No. ..... St. Primary Registration District No. 2700 Registered No. 192

Hospital ..... DOROTHY [illegible] GRAY

FULL NAME OF CHILD [illegible] Belisle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes	July 16 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Edmond Belisle	FULL MAIDEN NAME: Mildred O'Neil
RESIDENCE: Near Wallace	RESIDENCE: Near Wallace
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Wash.
OCCUPATION: Millman	OCCUPATION: Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at 6:30 A. M. on the date above stated.

(Signature) Dr Mowery

Physicians City (Physician or midwife)

Address .....

Filed July 20 1920 H. C. Mowery Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82947

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Flavius Cleo	Dorothy Fay Belisle
DATE	July 16	Oct 16

Subscribed and sworn to before me this 23
day of Feb, 1944

Notary Public, residing at Vancouver

My commission expires 1-6-46
(Seal)

Signed E J Belisle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 15 1944

255211-040-239 name added 1/6/81

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

Registration District No. 122 File No. 82948

Primary Registration District No. 2200 Registered No. 193

FULL NAME OF CHILD Violet Evelyn Benson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Aug 11 1920

	FATHER	MOTHER
FULL NAME	Charles Benson	FULL MAIDEN NAME Signa Strom
RESIDENCE	Mullan Ida	RESIDENCE Mullan Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	38	23
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Miner	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.15 P. M. on the date above stated.

(Signature) Dr. Mowery.

Physician

(Physician or midwife)

Address Wallace Ida

Filed Aug 16 1920 H. C. Mowery
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Josephine } ss.

Certificate No. 82948

Date Filed

RECEIVED
OCT 20 1980
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Benson (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 11, 1920 (Date of Event)
in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by are attached (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Violet Evelyn Benson or Violet Evelyn Benson

Subscribed and sworn to before me this 9th day of October, 19 80
Gail Janice Gibson
Notary Public, residing at Josephine County,
My commission expires June 3, 1983
(Seal)

OR

Signed Nora E Sparlin (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Josephine } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 19 80
Gail Janice Gibson
Notary Public, residing at Josephine County,
My commission expires June 3, 1983
(Seal)

Signed Nora E Sparlin
(Signature of Any Credible Person)

OR 1153 NE 9th St.
Grants Pass, Ore
(Street Address, City, State)

FORM DH 60-155
CL 10/8/75

Return of Marriage from Oregon gives nameas Alfred Chester Zenor as the groom and Violet Benson as the bride. born Aug 11, 1920 in Idaho. viewed by V. S.

Oregon birth certi fro own child gives name as Linda Lee Zenor born Nov 4, 1942 at Roseburg, Idaho. father 's name as Alfred Chester Zenor and mother's name as Violet Evelyn Benson. viewed by V. S

915-221-040-631

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace — Registration District No. 122 — File No. 82949

No. ____ St. — Primary Registration District No. 2200 — Registered No. 194

Hospital Providence

FULL NAME OF CHILD Elizabeth Ruth Manning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓	✓	Yes	Aug 21 1920

FATHER		MOTHER	
FULL NAME	John William Manning	FULL MAIDEN NAME	Mary Flannery
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 A M. on the date above stated.

(Signature) L B Stockslager MD

(Physician or midwife)

Address ____

Filed Aug 25 19 20 H C Mowery Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1942

469-230-040442

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital ..... Jeanette Beatrice

FULL NAME OF CHILD [redacted] Morton

[redacted] OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-8-30-11

CERTIFICATE OF BIRTH

Registration District No. 122

File No. 82950

Primary Registration District No. 2200

Registered No. 195

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	One		Y	8-30 [redacted] 1920

FATHER		MOTHER	
FULL NAME	James Morton	FULL MAIDEN NAME	Vera Dunkoop
RESIDENCE	Burke	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ireland	BIRTHPLACE	Portland Ore.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. Chas. A. Dalton

(Physician or Midwife)

Address Burke Ida

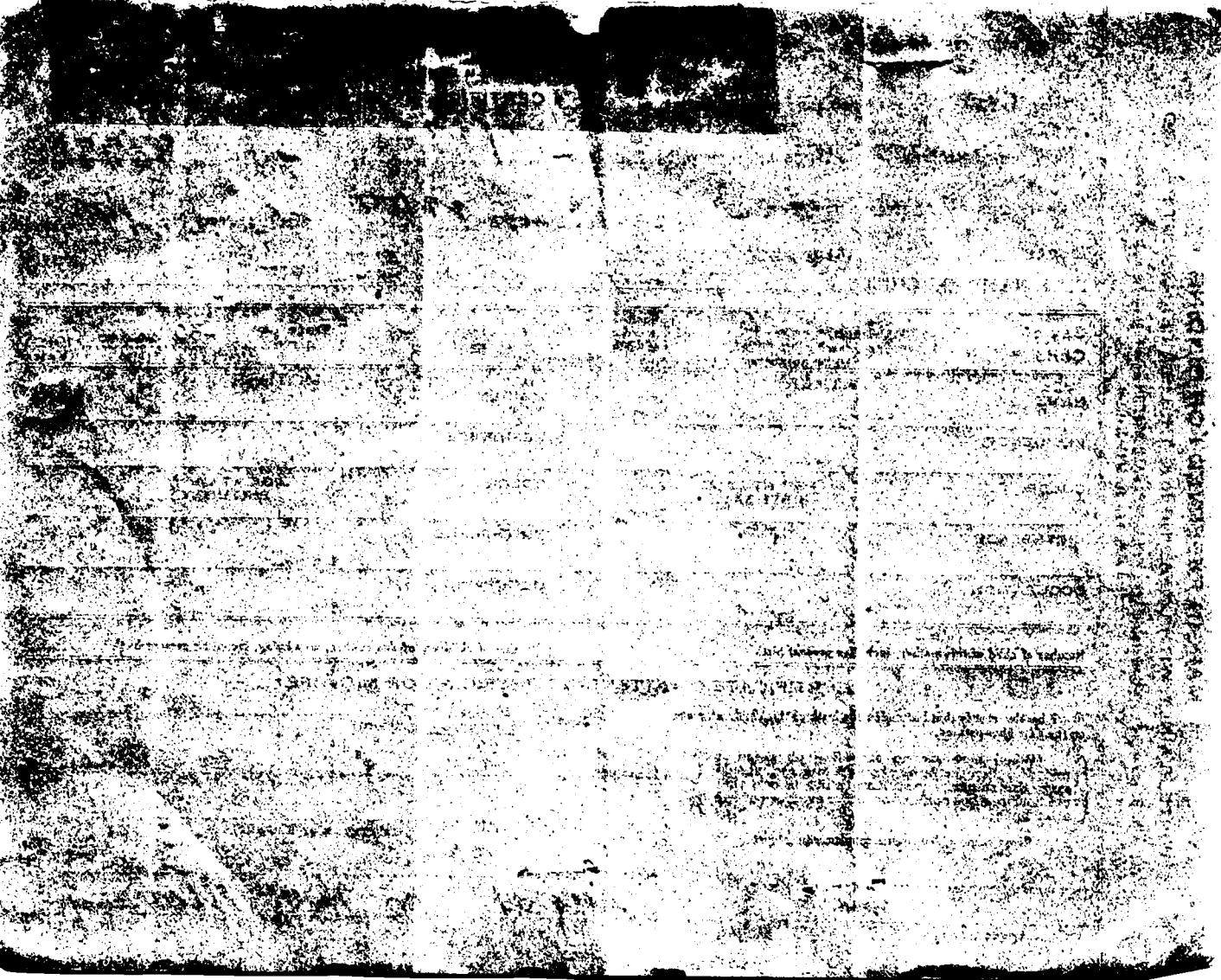
Filed Aug 31 1920 H. C. Mowry Registrar

B-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



A F F I D A V I T

THIS IS TO CERTIFY, That I Mrs. Vera Morton, 357 Rolph St. San Francisco, Calif. am the Mother of Jean Morton as the same appears on Birth Certificate, that the true name of Jean Morton is Jeanette Beatrice Morton and that the date of her birth is August 30, 1920 instead of August 29, 1920.

Mrs Vera Morton.

Subscribed and sworn to before the undersigned, a Notary Public, this 30 day of August, A. D. 1941.

John L. Lagoria

Notary Public

Notary Public in and for the City and County of San Francisco, State of California.

My Commission Expires Dec. 21, 1941.

JAN 19 1961

252229 040-653

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Near Wallace Registration District No. 122 File No. 82951

No. ____ St. Primary Registration District No. 7200 Registered No. 186

Hospital ____

FULL NAME OF CHILD ELIZABETH KATHERINE SEKULIC

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)		Yes	Aug 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Sekulic	Mabel Waterbury
RESIDENCE	Mullan Ida	Mullan Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	20
BIRTHPLACE	Austria	Idaho
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Address Ely

Filed Aug 31 1920 H. C. Mowery
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

S-Y-CO. 38071

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 4 1942 Certificate No. 82951

County of Shoshone } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Elizabeth Katherine Sekulic (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 29, 1920 (DATE OF EVENT)

in Wallace, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Sekulich	Sekulic
Name	Unnamed Sekulich	Elizabeth Katherine Sekulic

Subscribed and sworn to before me this 2 day of January 1942

Jno. H. Walker

Notary Public, residing at Wallace Ida

My commission expires June 16-1942

(SEAL)

Signed [signature]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wallace Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 1942 By .....

(REGISTRAR'S SIGNATURE)

349-146-040-168

PLACE OF BIRTH

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

File No. 82953

No. _____ St.

Primary Registration District No. 2200

Registered No. 198

Hospital _____

FULL NAME OF CHILD CHESTER ARNOLD LARSON

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sept 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emil Larson	FULL MAIDEN NAME	Esther Johnson
RESIDENCE	City	RESIDENCE	City
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	Sweden
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address City

_____ 19__

Filed 9/7 1920 H C Mowery

Registrar

Registrar

S-Y-CO. 38071

of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Shoshone } ss.

Certificate No. 82953

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6, 1920 (Date of Event) in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by INSURANCE POLICY SCHOOL RECORD (Bible Record, Insurance Policy, Etc.) prepared on Apr. 2, 1934 SEPT. 1927 (Give Date), are: VIEWED BY DIV. OF VITAL STATISTICS

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	"Unnamed"	Chester Arnold Larson

Subscribed and sworn to before me this 11th day of Aug. 1957

Eugene A. McCann

Notary Public, residing at Wallace

My commission expires April 20, 1957

(Seal)

Signed Esther Lemna Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wallace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Aug. 1957

Eugene A. McCann

Notary Public, residing at Wallace

My commission expires April 20, 1957

(Seal)

Signed Emil Larson
(Signature of Any Credible Person)

Wallace, Idaho
(Street Address, City, State)

DPH 52.155

966-125-020-218

PLACE OF BIRTH

Form V. S. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Elmore's Ferry Registration District No. 35 File No. 82954

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Israel Albert Rowe Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	yes	Sept. 25. 1920

FATHER	MOTHER
FULL NAME: Israel Rowe	FULL MAIDEN NAME: Julia Christine Day.
RESIDENCE: Elmore's Ferry. Idaho	RESIDENCE: Elmore's Ferry. Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Loco. Motive Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept. 25. 1920 at 11:30 A M. (Born alive or stillborn) on the date above stated.

(Signature) J. W. Davis M. D.

Physician & Surgeon
(Physician or midwife)

Address Elmore's Ferry Idaho

Filed Sept. 30 1920 J. W. Davis
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-189037-455

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of King Hill Idaho Registration District No. 35 File No. 82955

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Mathias Freitag

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	10	yes	Sept 19 1920

FATHER		MOTHER	
FULL NAME	John Freitag	FULL MAIDEN NAME	Anna Mintgen
RESIDENCE	King Hill Idaho	RESIDENCE	King Hill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept 19 1920, at 9-30 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. W. Davis M.D.

Physician

(Physician or midwife)

Address Glenns Ferry Idaho.

Filed Sept. 23 1920 J. W. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6 26 73

RECEIVED
VITAL STATISTICS
OCT 18 11 40 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 82955

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Freitag (Name on Original Certificate) who was born (Was Born or Died) on Sept. 19, 1920 (Date of Event)
in King Hill, Owyhee County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on 9-25-1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Ffancis Mathias Freitag

Subscribed and sworn to before me this 16 day of October, 1973

Notary Public, residing at Nampa, Idaho

My commission expires 9-9-76

(Seal)

Signed Laurence J. Freitag
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

FEB 5 1974

The Holy Sacrament of Baptism certifies that Francis Matthian Freitag is the son of John Freitag and Anna Mentgen born Sept. 19, 1920 baptized Oct. 24, 1920 in the Church of Good Counsel in Mountain Home, Idaho. - Viewed by V.S.

Family Bible Record gives name as Francis Matthias Freitag born Sept. 19, 1920 in King Hill, Idaho.
Viewed by V.S.

[redacted] 964403-020-433

CE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Hammett

Registration District No. 35 File No. 82956

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Roy William Rouse

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	3	yes	Sept. 3d 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. A. Rouse	Mary McLaughlin
RESIDENCE	Hammett Idaho	Hammett Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Michigan	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) Sept. 3d 1920, at 9.30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. W. Davis M. D.

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Filed Sept. 10 1920 J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-201-037-266

Form V. S. No. 11-C--25m-7-21-19

[redacted]RTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Glenn's Ferry Registration District No. 35 File No. 82957

No. ..... St.

Primary Registration District No. 2020 Registered No. .....

Hospital .....

FULL NAME OF CHILD Virginia Berry.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	4	yes	Oct 1st 1920

FATHER		MOTHER	
FULL NAME	Edward Franklin Berry	FULL MAIDEN NAME	Annie Bowman
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	America	BIRTHPLACE	White
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~ (Born alive or stillborn) Oct. 1st 1920 at 12 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Oct 10 1920 J. W. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1968

43929-020-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Kuna Hill

Registration District No. 35 File No. 82959

No. ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Myrle Clifton McIntyre

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	6	yes	Aug. 29 1920

FATHER

FULL NAME James Lee McIntyre

RESIDENCE Kuna Hill

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE America

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Mae Wilcox

RESIDENCE Kuna Hill

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE America

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) Aug. 29-1920, at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or midwife)

Address Glenns Ferry Idaho

Filed Aug 31 1920

J. W. Davis

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

793-029.020-713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of King Hill

Registration District No. 35

File No. 82960

No. ..... St.

Primary Registration District No. 7021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice Joan Giles

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	yes	Aug. 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everett F. Giles	Alice Palmer
RESIDENCE	King Hill	King Hill
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	America	America
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) Aug. 29 1920, at 2-11- a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Filed Aug. 31st 1920

J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1930-173527

262-108-020-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry — Registration District No. 35 — File No. 82961

No. ____ St.

Hospital ____ — Primary Registration District No. 2021 — Registered No. ____

FULL NAME OF CHILD Gerald Udell Bosh (Bosh)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1	yes	Aug. 8 1920

FATHER	MOTHER
FULL NAME: Ellis Bosh	FULL MAIDEN NAME: Ethel Johnson
RESIDENCE: Glenn's Ferry Idaho	RESIDENCE: Glenn's Ferry Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE:	BIRTHPLACE:
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) aug. 9. 1920, at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

(Signature) J. W. Davis M. D.

Physician (Physician or midwife)

Address Glenn's Ferry Idaho

Filed Aug. 12 1920 — J. W. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867.103-020-614

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Elmore's Ferry Registration District No. 35 File No. 82962

No. ____ St.

Hospital ____ Primary Registration District No. 2021 Registered No. ____

FULL NAME OF CHILD Donald Albert Hopper

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single and	2	yes	aug. 3rd 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grover C. Hopper	Mary Waddell
RESIDENCE	King Hill Idaho	King Hill Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	America	America
OCCUPATION	Laborer O.S.L.R.R.	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was aug. 3rd 1920, at 8 10 a M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J. W. Davis M.D.
Physician
(Physician or midwife)

Address Elmore's Ferry Idaho

Filed aug 5 1920 J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 22, 1940. L.W.

549-214

PLA[redacted] S. No. 11-C—25m-1-1-13

021-553

BUREAU OF VITAL ST[redacted]

CERTIFICATE OF B[redacted]

County of Franklin

City of Minkereek

Registration District No. 27 File No. 82963

No. _____ St.

Primary Registration District No. 2119 Registered No. 240

Hospital _____

FULL NAME OF CHILD THORA ANNA ERICKSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			8 (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Allen Erikson	FULL MAIDEN NAME	Anna M Nelson
RESIDENCE	Delin Ida	RESIDENCE	Delin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Montpelier Ida	BIRTHPLACE	Minkereek
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

15 to 6 a m Registrar

Address Nancy Rasmussen

Filed Sept 9 1920 Minkereek Ida

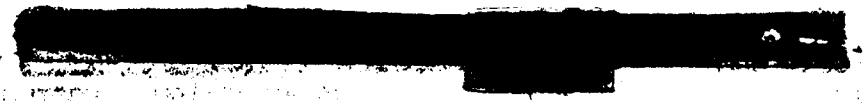
Drak Cullen Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 82963

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Thora Anna Erickson (Name on Original Certificate) who was born (Was Born or Died) on August 14, 1920 (Date of Event) in Minkcreek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Thora AnnaErickson

Subscribed and sworn to before me this 29th day of July 19 42

John M Homer

Notary Public, residing at Idaho Falls, Ida.

My commission expires May 3, 1944

(Seal)

Signed Emma Myrtle Erickson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Iona Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July 19 42.

John M Homer

Notary Public, residing at Idaho Falls, Idaho

My commission expires May 3, 1944

(Seal)

Signed Edna Conrad

(Signature of Any Credible Person Other Than Previous Year)

Iona, Idaho

(Street Address, City, State)

SEP 25 1967

JUL 31 1942

154-111-221-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27 File No. 82964

No. ..... St.

Primary Registration District No. 2119 Registered No. 239

Hospital .....

FULL NAME OF CHILD Glen Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	4	yes	Aug 11 1920

FATHER		MOTHER	
FULL NAME	Adolph Anderson	FULL MAIDEN NAME	Clara Fredricksen
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Midvale Utah	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B. Holder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Weston Idaho

Filed Sept. 8 1920 D. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
795-129-621-754

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 82965

Registered No. 230

FULL NAME OF CHILD STEWART GEDDES GREAVES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Aug. (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	LeRoy Greaves.	FULL MAIDEN NAME	Leone Geddes.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Logan Utah.	BIRTHPLACE	Plain City Utah.
OCCUPATION	Banker.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staten

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed Sept 8 1920 Dr A R Cutler Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 82965

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Stewart Geddes Greaves (Name on Original Certificate) who was born (Was Born or Died) on August 29, 1920 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Stewart Geddes Greaves

Subscribed and sworn to before me this 17th day of June, 1943

Notary Public, residing at Preston Idaho

My commission expires 4-18-1945.
(Seal)

Signed Leona Geddes Greaves
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1943

Notary Public, residing at Preston Idaho

My commission expires 4-18-1945
(Seal)

Signed Alice L Petterborg
(Signature of Any Credible Person Other Than Previous Year)

170 No 1st West Preston Idaho
(Street Address, City, State)

FEB 27 1974

JUN 21 1943

632-2050021-893

Amended 8-7-63

(Be sure the information is complete and accurate)

State File No. 82966
Local Reg. No. 238
Reg. Dist. No. 27

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)
a. (First): Elnora
b. (Middle): Coila
c. (Last): Olsen

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH (Month) (Day) (Year): August 5, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Moses
b. (Middle): P.
c. (Last): Olsen
8. COLOR OR RACE: White
9. AGE (At time of this birth): 37 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Utah
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Coila
b. (Middle): Lavon
c. (Last): Hill
13. COLOR OR RACE: White
14. AGE (At time of this birth): 22 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Richmond, Utah
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Thos. B. Holder
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Weston, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Sept. 8, 1920
20. REGISTRAR'S SIGNATURE: Dr. A.R. Cutler
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

ndence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there l attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of l Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by r cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 6 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Teton } ss.

Certificate No. 82966

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elnora Olsen (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1920 (Date of Event)
in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elnora Olsen	Elnora Coila Olsen
Child's Date of Birth	Aug. 8, 1920	August 5, 1920
Full Maiden Name of Mother	Calivo Layon	Coila Layon Hill

Subscribed and sworn to before me this 2 day of August, 1963.
Notary Public residing at Driggs
My commission expires 6-20-64
(Seal)

Signed Edward C. Larsen M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Driggs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of August, 1963.
Notary Public residing at Driggs
My commission expires 6-20-64
(Seal)

Signed Bishop Phillip N. Hathaway
(Signature of Any Credible Person)
Driggs Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-31-63. nm

L.D.S. Church Certificate of Blessing, Dec. 5, 1920 gives full name as Elnora Coila Olsen, daughter of Moses P. Olsen and Coila Hill, born Aug. 5, 1920 - at Weston, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 7, 1928 gives full name as Elnora Coila Olsen, daughter of Moses P. Olsen and Coila Hill, born Aug. 5, 1920 at Weston, Idaho - viewed by V.S.

867-110-021689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Idaho Registration District No. 27 File No. 82967

No. ____ St.

Primary Registration District No. 219 Registered No. 237

Hospital ____

FULL NAME OF CHILD Alvern LeRay Hopkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	yes	Aug 10 1920

FATHER		MOTHER	
FULL NAME	Alvern LeRay Hopkins	FULL MAIDEN NAME	Alice Whittington
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Vernon Co Missouri
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A M. on the date above stated.

(Signature) Thos B Holder

Physician (Physician or midwife)

Address Preston Idaho

Filed Sept. 8 1920 Dr A Rulon Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1943

266/08·021-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 82968

Primary Registration District No. 2119 Registered No. 236

FULL NAME OF CHILD .... Donald.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Yes.	Aug. 8 1920

FATHER	MOTHER
FULL NAME: Arnold Kofoed.	FULL MAIDEN NAME: Etna Stephens.
RESIDENCE: Preston Ida.	RESIDENCE: Preston
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Weston Ida.	BIRTHPLACE: Preston Ida.
OCCUPATION: Sheepherder, Shearer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) on the date above stated, at 10:50 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Yates

Physician. (Physician or midwife)

Address Preston Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 8 1920 Frank Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413/09. 22 - 316

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin Ida.

City of Preston.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 82969

Primary Registration District No. 2117 Registered No. 235

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	Aug. 9 1920

FATHER	MOTHER
FULL NAME: Gizo Matismoto.	FULL MAIDEN NAME: Julia Varferty.
RESIDENCE: Preston	RESIDENCE: Preston Ida.
COLOR: Jap.	AGE AT LAST BIRTHDAY (Years): 48
	COLOR: White.
	AGE AT LAST BIRTHDAY (Years): 30
BIRTHPLACE: Japan.	BIRTHPLACE: Fairview Ida.
OCCUPATION: Farmer.	OCCUPATION: Wife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. States

Physician.
(Physician or midwife)

Address Preston Idaho.

Filed Sept 8 1924 D. A. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

957-111-021-254

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 82970

Registered No. 2321

FULL NAME OF CHILD Don C. Inglet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	Aug. 11 1920

FATHER		MOTHER	
FULL NAME	Joseph Inglet.	FULL MAIDEN NAME	Mary Kemp.
RESIDENCE	Preston	RESIDENCE	Preston Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Hyde Park Utah.	BIRTHPLACE	Salt Lake City Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 1:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician, (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed Sept 8 1920 D. A. Cullen

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 12970.

Date Filed 8-8-20.

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for male Ingleb (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 8-11-20 (DATE OF EVENT)
in Preston (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 10-5-20 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
names	unnamed	Don C. Ingleb

Subscribed and sworn to before me this 4 day of May, 1942

Notary Public, residing at Preston Idaho

My commission expires 9-18-1943

(SEAL)

Signed Mary Kemp Ingleb
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1942

Notary Public, residing at Preston Idaho

My commission expires Mar 1945

(SEAL)

Signed Joshua Rallison
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston Ida Rte
(STREET ADDRESS, CITY, STATE)

Received for filing on 5-5-1942 By Effie W. Brower
(REGISTRAR'S SIGNATURE)

MAY 6 1942

MAY 12 1942

363-116-021-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 82971

Registered No. 233

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Aug. (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Riley H. Cole.	FULL MAIDEN NAME	Esther Larsen.
RESIDENCE	Preston Ida.	RESIDENCE	Preston
COLOR	White. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Willard Utah.	BIRTHPLACE	Cove Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staties

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed Sept. 8 1920 D. A. R. Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-121-021-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. 82972

Primary Registration District No. 2119

Registered No. 232

FULL NAME OF CHILD LEO E. JENSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Aug. (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lauritz Jensen.	FULL MAIDEN NAME	Marie Oline Danielsen.
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Denmark.
OCCUPATION	Taylor.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed Sept. 8 1920 D. A. Culto

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 82972

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Leo E. Jensen

Subscribed and sworn to before me this 2 day of April, 1942.

Notary Public, residing at Preston Ida

My commission expires May 1-1945

(SEAL)

Signed Mrs L Jensen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) mother

Preston Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of April, 1942.

Notary Public, residing at Preston Ida

My commission expires May 1st-1945

(SEAL)

Signed Ellen Lewis

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S46123-021-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 82973

Primary Registration District No. 2119

Registered No. 231

FULL NAME OF CHILD Willis Barrington Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Aug. (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Warren Edwards.	FULL MAIDEN NAME	Zella Mae Barrington.
RESIDENCE	Riverdale.	RESIDENCE	Riverdale Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mink Creek Idaho.	BIRTHPLACE	Riverdale.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed Sept. 8 1920

D A R Curtis
Registrar

Registrar

JUL 4 1945

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-201-021-892

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 82974

No. 3rd Ward St.

Primary Registration District No. 219 Registered No. 241

Hospital

FULL NAME OF CHILD Dorothy Lucille Cartwright

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 1 1920

FATHER

FULL NAME Fred Henry Cartwright

RESIDENCE Preston Idaho

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE England

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Lenore Hubbard

RESIDENCE Preston, Idaho

COLOR W AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.50 P M. on the date above stated.

(Signature) Curtis Hand

Physician (Physician or midwife)

Address Preston, Idaho

Filed Sept 9 1920 D. A. Cutler Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

769-141-021-313 name added 2-4-85 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton — Registration District No. 27 — File No. 82975

No. ____ St. ____

Hospital ____ — Primary Registration District No. 2117 — Registered No. 242

FULL NAME OF CHILD: Perry Callan Phillips

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 1 1920

FATHER

FULL NAME: Maroni Lorenzo Phillips

RESIDENCE: Dayton Idaho

COLOR: W — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ida Callan

RESIDENCE: Dayton, Idaho

COLOR: W — AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:40 P M. on the date above stated.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston, Idaho

Filed Sept. 7 1920 — Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-21-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
FEB 1 2 31 PM '85
BUREAU OF

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 82975
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Phillips (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 1, 1920 (Date of Event)

in Dayton (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	Callan TO
childs name	omitted	Perry C. Phillips

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of January, 19 85

Notary Public, _____
Residing at Weston Id. 83286
My commission expires April 1988
(Seal)

Erla D. Kent
Supporting Signature

Rt. 1 Box 95 Weston Ida.
Street Address, City, State

Certificate of Baptism from LDS Church gives Perry Callan Phillips son of Moroni Lorenzo Phillips and Ida Marshall Callan born Aug 1, 1920 at Dayton was baptised May 14, 1928. Viewed by V.S.

FEB 11 1985

Certificate of Blessing from LDS Church gives Perry Callan Phillips born Aug 1, 1920 at Dayton to Moroni Lorenzo Phillips and Ida Marshall Callan was blessed Sept 12, 1920. Viewed by V.S.

515-108-021-262

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Glencoe

No. ..... St.

Hospital .....

Registration District No. 27 File No. 82976

Primary Registration District No. 2119 Registered No. 243

FULL NAME OF CHILD Boyd Van Snow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 8 1920

FATHER		MOTHER	
FULL NAME	Edgar Van Snow	FULL MAIDEN NAME	Dora Geneva Bosen
RESIDENCE	Glencoe Idaho	RESIDENCE	Glencoe Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed Sept. 9 1920 Dr. W. Culbert Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUL 11 11 52 AM '75

State of ..... Certificate No. 82976

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Snow (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1920 (Date of Event)

in Glencoe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on 19JUN1974 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Boyd Van Snow

Subscribed and sworn to before me this 24th day of June, 1975

Merlin E. Farrell

Notary Public, residing at 4927 JACQUES ST TORRANCE

My commission expires Sept 30, 1977

(Seal) ON BACK

Signed Dallas Nielsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

22405 Kent Ave. #32, Torrance, Cal. 90505

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif.

County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of July, 1975

Adchara Jarabul

Notary Public, residing at Torrance, Calif.

My commission expires Nov. 13, 1975

(Seal) ON BACK

Signed Adchara Jarabul

(Signature of Any Credible Person)

4208 Sepulveda #11 Torr Ca. 90505

(Street Address, City, State)

FORM DH 60-155 CL 9/18/74

Membership record from the LDS Church gives name as Boyd Van Snow born Aug 8, 1920 at Mink Creek, Idaho. father's namegiven aas Edgar V. Snow and mother's name as Dora Bosen. Baptized Oct 26, 1928. viewed by V. S. JAN 7 1976

Discharge from U.S. Navy gives nameas Boy Van Snow born Aug. 8, 1920 at Mink creek, Idaho. dated 10-16-45. viewed by V. S.

OFFICIAL SEAL
GEO. F. HANBACK
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires NOV 13, 1978

4126 Sepulveda Blvd., Torrance, CA 90505

OFFICIAL SEAL
MERLIN E. FARISH
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Sep. 30, 1977

916-209-021-269

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

Registration District No. 27 File No. 82977

No. ..... St.

Primary Registration District No. 2119 Registered No. 244

Hospital .....

FULL NAME OF CHILD Phyllis Rawlings

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Helman Rawlings	FULL MAIDEN NAME	Theresa Helen Sorensen
RESIDENCE	Fairview, Idaho	RESIDENCE	Fairview Idaho
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New Jersey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Registrar

Filed Sept. 9 1920 D. A. Culton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1-11-61

PLACE OF BIRTH

753-225 021-753

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 82978

Primary Registration District No. 2119 Registered No. 245

FULL NAME OF CHILD Alta Dean Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	Aug. 25, 1920

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Carl Elmo Peterson	FULL MAIDEN NAME	Lenna Peterson
RESIDENCE	Franklin, Idaho	RESIDENCE	Franklin, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:22 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston, Idaho

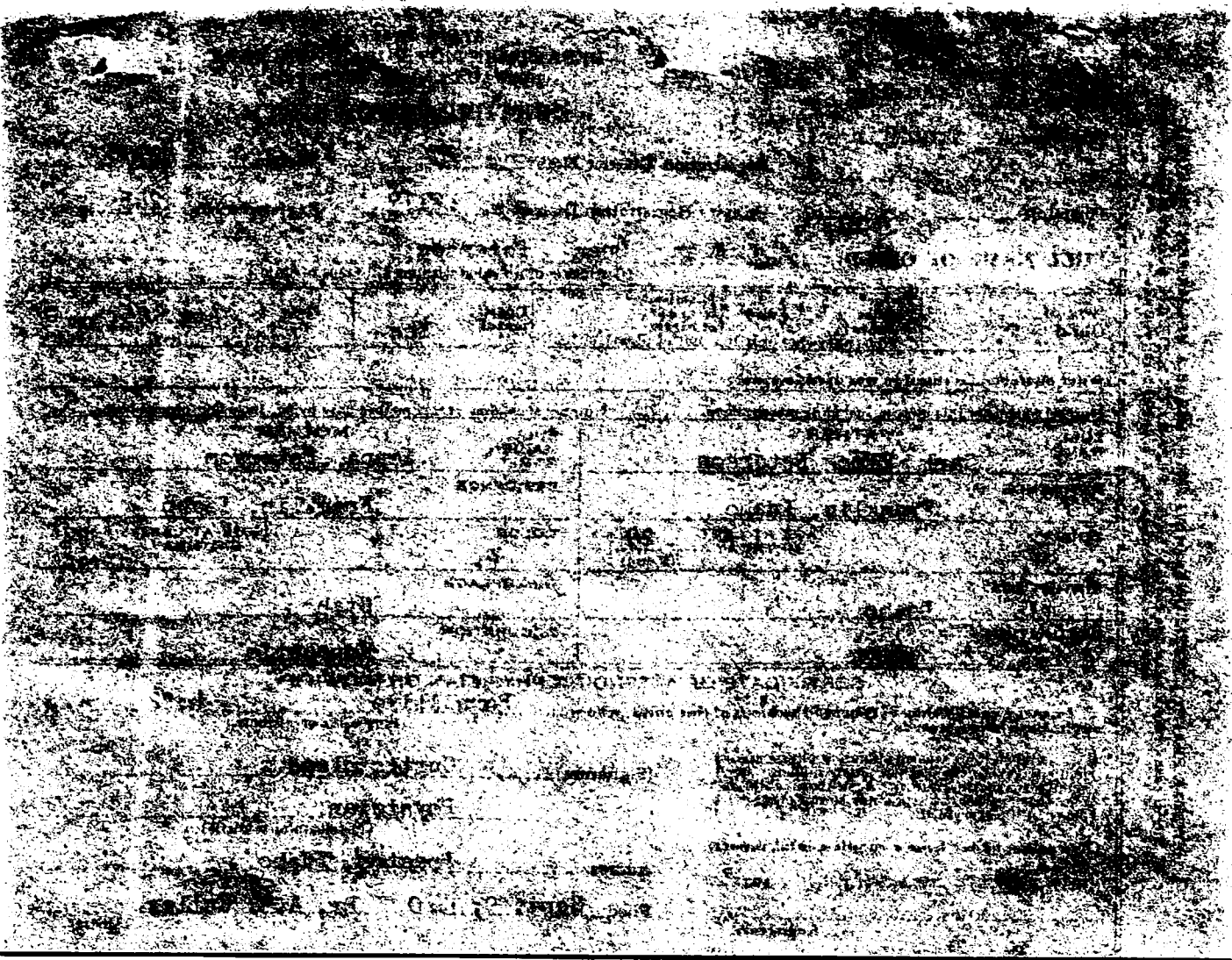
Filed Sept. 9, 1920 Dr. A.R. Cutler
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 82978

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Peterson (Name on Original Certificate) who born (Was Born or Died) on Aug. 25, 1920 (Date of Event) in Franklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alta Dean Peterson
Full Maiden Name of Mother	Lenna Petersen	Lenna Peterson

Subscribed and sworn to before me this 26 day of Aug., 1960.

Notary Public, residing at Preston, Idaho
My commission expires 2/16/61
(Seal)

Signed Lenna Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed George Bodily Jr.
(Signature of Any Credible Person)

725 W. Preston, Idaho
(Street Address, City, State)

FORM DPH 55. 155 (P)

CL 11-23-59. one copy pd. receipt #17714.

Family Record, concerning Letter of Graduation, May 23, 1941 to Alta Bean Peterson written by Malinda M. Peterson, grandmother - viewed by V.S. appears old and unaltered -

L.D.S. Church Certificate of Birth, first entered on record Oct. 13, 1912 gives full name of child as Lenna Peterson, born July 16, 1893 at Coveville, Cache County, Utah to father-Petersen and mother-Nora Fransen - viewed by V.S.

L.D.S. Family Record Book gives full maiden name of mother as Lenna Peterson, book appears old and unaltered - viewed by V.S.

Statement from Reed H. Brenchley, Principal of the Preston, Idaho High School, states "Alta Dean Peterson was born in Franklin, Idaho on August 25, 1921 according to the Preston High School Records. She is the daughter of Elmo and Lenna Peterson. This person graduated from the Preston High School on May 23, 1941." viewed by V.S.

~~Own Child's Birth Cert~~

Another child's Birth Cert.on file: #170507 gives mother's full maiden name as Lenna Peterson - viewed by V.S.

Mother's Maiden name and Married name are both Peterson -

795123-021-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 82979

Primary Registration District No. 2119 Registered No. 246

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver Eames Greaves	FULL MAIDEN NAME	Carolyn Petersen
RESIDENCE	Franklin Co. Idaho	RESIDENCE	Franklin Co. Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed Sept. 9 1920 D. A. Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855 46-021-697

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 82980

No. 3d West St.

Primary Registration District No. 219 Registered No. 247

Hospital

FULL NAME OF CHILD WINONA ONETTA HENRIE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	August 16 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eli Marion Henrie	Onnetta Lucinda Wilson
RESIDENCE	Fairview Idaho	Preston Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	35
BIRTHPLACE	Utah	Arizona
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

(Signature) Curtis Bland

Physician
(Physician or midwife)

Address Preston Idaho

Registrar

Filed Sept. 9 1920 Drake Curtis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 82980

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Henrie (Name on Original Certificate) who Was born (Was Born or Died) on Aug 16 - 1920 (Date of Event) in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on August 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Winona Onetta Henrie

Subscribed and sworn to before me this 7 day of October, 1942

Jeannette G. Chamberlain
Notary Public, residing at Burley, Idaho

My commission expires Dec. 28-1943
(Seal)

Signed Lucinda Bartlett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

644 N. Almo Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Nevada }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November 1943

Wm. J. Cassettari
~~Notary Public~~, residing at Grass Valley Calif.
Court Commissioner

My commission expires
(Seal)

Signed Mrs. Anorettie (X) Wilson per
(Signature of Any Credible Person Other Than Previous Year)

Grass Valley X Calif. mark
(Street Address, City, State)

JAN 12 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

043-24'02-749

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin Registration District No. 27 File No. 82981

No. ..... St.

Hospital ..... Primary Registration District No. 2119 Registered No. 248

FULL NAME OF CHILD Irene Butterworth

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 14 1920

	FATHER	MOTHER
FULL NAME	George Mellus Butterworth	Clarinda Purnell
RESIDENCE	Franklin Idaho	Franklin Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	36 (Years)	28 (Years)
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Curtis Hand

Physician

(Physician or midwife)

Address Preston Idaho

Filed Sept 9 1920 Dan Curtis

Registrar

689215·021-133

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Registration District No. 27 File No. 82982

Primary Registration District No. 2119 Registered No. 249.

Hospital

FULL NAME OF CHILD Theda Mary Whitehead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Christian Whitehead	FULL MAIDEN NAME	Maybell Allen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Lumber Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

19

Registrar

Filed Sept. 9 1920 Dan Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 3 1942

FEB 1 1 1943

353-22-021-819

PLACE OF BIRTH

Name added 4-23-79

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 1st West St.

Registration District No. 27 File No. 82983

Primary Registration District No. 2119 Registered No. 250

Hospital

FULL NAME OF CHILD KLEA TELFORD

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Aug 27 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bryant Telford	Myrtle Harris
RESIDENCE	Preston, Idaho	Preston, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Utah	Idaho
OCCUPATION	Implement Salesman	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report, 19

Registrar

Filed Sept. 9 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/16/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 4 3 11 PM '79

State of UTAH
County of SALT LAKE } ss.

Certificate No. 82983
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Unnamed Telford (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8/27/20 (Date of Event)
in _____ (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Telford	~~Cleah~~ KLEA Telford
~~Spelling of Klea~~		Klea Telford

Subscribed and sworn to before me this 2nd day of APRIL, 19 79
Notary Public, Jerald D. Tuttle
Residing at SALT LAKE CITY, UTAH
My commission expires 12/28/81
(Seal)

Klea I. Strowe
Signature of Applicant
2510 Wilshire Circle
Street Address, City, State
Salt Lake City Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of UTAH
County of SALT LAKE } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of APRIL, 19 79
Notary Public, Jerald D. Tuttle
Residing at SALT LAKE CITY, UTAH
My commission expires 12/28/81
(Seal)

Barbara M. Dyches (sister)
Supporting Signature
1152 East 7th So.
Street Address, City, State
Salt Lake City Utah 84106

Church record of birth gives name as Klea T. Telford born August 27, 1920, in Preston, Idaho Father Bryant Telford and mother Myrtle Harris. Shows marriage date fo Preston Doran Struve on December 9, 1939.
Viewed by V.S.

Own child's birth certificate on file with Bureau of Vital Statistics, Boise Idaho gives name as Klea Telford mother of Preston Courtney Struve. CHild born December 4, 1946, in Preston, Idaho.
Viewed by V.S.

419-229-021-815

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 82984

Primary Registration District No. 2119 Registered No. 251

FULL NAME OF CHILD DORTHA DAINES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Aug 29 1920

FATHER		MOTHER	
FULL NAME	William Maroni Daines Jr	FULL MAIDEN NAME	Nora Day Handy
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed Sept. 9 1920 Dr A R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 14 1962

572-228-021-614

FATHER'S FIRST NAME & MOTHER'S MAIDEN SURNAME AMENDED
12-4-2009 CMW

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27 File No. 82985

Primary Registration District No. 2119 Registered No. 252

FULL NAME OF CHILD Nedra

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	Aug 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	HERALD Harold J. Egbert.	FULL MAIDEN NAME	Lulu Wadups WADDOUPS
RESIDENCE	Fairview	RESIDENCE	Fairview
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Fairview	BIRTHPLACE	Twiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Preston Ida

Filed Sept. 9 1920 Dr A R Cutler

Registrar

Registrar

DEC - 2 2009

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } SS
County of Franklin }

Certificate No. 1920-82985

Date Filed 09/09/1920

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)

for Nedra Egbert (Name on Original Certificate) who was born (Was Born, Died, etc.) on 08/28/1920 (Date of Event)

in Fairview (Franklin Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
father's first name	Harold	Herald
mother's maiden surname	Wadups	Waddoups

Subscribed and sworn to before me this 23rd day of November 2009

Notary Public, Carol O. Hodges

Residing at Preston, Idaho Franklin County

My commission expires 01-20-2011
(Seal)

CAROL O. HODGES NOTARY PUBLIC STATE OF IDAHO

Herald Clair Egbert
Signature of Applicant

490 S 400 E
Street Address, City, State and Zip

PRESTON, ID 8321

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

November 9, 2009

UTAH APPLICATION FOR LICENSE TO MARRY APPLICATION #33769
HERALD JOS. EGBERT & LULU WADDOUPS SWORN TO DEPUTY CLERK
1-13-1920 VIEWED BY VS
UTAH BIRTH CERTIFICATE #27-03-800 HERALD CLAIR EGBERT BORN
12-22-1927 FATHER'S NAME: HERALD JOSEPH EGBERT MOTHER'S
MAIDEN NAME: LULU WADDOUPS AMENDED 3-7-1990 VIEWED BY VS

155-026-021-192

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 82986

Primary Registration District No. 2119 Registered No. 253

FULL NAME OF CHILD Fae

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Aug 26 1920

FATHER		MOTHER	
FULL NAME	Orion Jensen	FULL MAIDEN NAME	Lottie May Curtis
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Oneida
OCCUPATION	Dry goods Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) A. R. Cutler Jr

(Physician ~~or midwife~~)

Address Preston Ida

Filed Sept 9 1920 Dora Curtis
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 6 1974

318-225-021759

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 82987

Primary Registration District No. 2119 Registered No. 254

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		Yes	Aug 25 1920

FATHER		MOTHER	
FULL NAME	Irvin H Taylor	FULL MAIDEN NAME	Ada P. Perkins
RESIDENCE	Clifton Ida	RESIDENCE	Clifton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Clifton Ida	BIRTHPLACE	Dayton Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Ida

Filed Sept. 9 1920 Dr A R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-117-021-212 amend 3-17-82

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27 File No. 82988

No. _____ St.

Primary Registration District No. 2119 Registered No. 255

Hospital _____

FULL NAME OF CHILD Howard B Fitzpatrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	yes	Aug 17 1920

FATHER		MOTHER	
FULL NAME	M C Fitzpatrick	FULL MAIDEN NAME	Pearl A. Baker
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Cottonwood Idaho	BIRTHPLACE	Oxford Idaho
OCCUPATION	Electrician	OCCUPATION	House Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5.5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Weston Idaho

Filed Sept. 10 1926 D R Cullen Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-2-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
FEB 17 2 50 PM '82

State of _____ } ss.
County of _____

Certificate No. 82988
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Fitzpatrick (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-18-20 (Date of Event)
in Weston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Howard B Fitzpatrick
childs birth date	8-18-20	8-17-20

Subscribed and sworn to before me this 10th day of February, 1982
Notary Public, Eleanor Williams
Residing at Malad Idaho
My commission expires 11-6-83
(Seal)

X Howard B. Fitzpatrick
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

1 cc lbc pd

MAR 17 1982

National Guard of the United States and of the State of Idaho gives Howard B Fitzpatrick enlisted 8-16-37 at Boise, Idaho. age 18. Viewed by V.S.

Marriage license for Howard Fitzpatrick and Blanche Hunter was purchased in Boise, Ada, Idaho on 12-13-38. Viewed by V.S.

Blue Cross Group Application gives Howard B Fitzpatrick born 8-17-20 . Application dated 10-22-75. Viewed by V.S.

Beneficial Life Ins Co. gives Howard B Fitzpatrick born 8-17-20 employed on 1-1-52. Signed by Howard B Fitzpatrick on 12-17-70. Viewed by V.S.

469-118-021-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27 File No. 82989

No. ..... St.

Primary Registration District No. 2119 Registered No. 256

Hospital .....

FULL NAME OF CHILD Alva Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and	1	yes	Aug 18 1920

FATHER		MOTHER	
FULL NAME	Leslie Coplan Hanson	FULL MAIDEN NAME	Sarah Ann Whitney
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Millville Utah
OCCUPATION	Farmer	OCCUPATION	Home keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holden
Physician
(Physician or midwife)

Address Weston, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 10 1920 D A Cutler
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z - DAWSON

Dup of 1920-D79-201

216-223-021-252

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 82990

No. ..... St.

Primary Registration District No. 2119 Registered No. 257

Hospital .....

FULL NAME OF CHILD Yemi Kawasawa

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	one			Yes	Aug 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. Kawasawa	FULL MAIDEN NAME	Sakaye I. Kesawa
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Japan.	BIRTHPLACE	Japan.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12 4 a. M. on the date above stated. 2 Photostat copies 12/27/41 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Allen R Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed Sept 1 1920 Dr A R Cutler
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1941

235-228-021-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. _____ St.

Hospital _____

Registration District No. 27 File No. 82991

Primary Registration District No. 219 Registered No. 259

FULL NAME OF CHILD MILDRED E. STEED

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug. 28 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira P Steed	Elvina Johnson
RESIDENCE	Clifton, Idaho	Clifton, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	42
BIRTHPLACE	Farmington, Utah	Morgan Co. Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Allen K Curtis

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Sept. 11 1920 Brad Curtis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 82991

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mildred E. Steed

Subscribed and sworn to before me this 19 day of June, 1942

Robert J. Steed

Notary Public, residing at .....

My commission expires .....
(Seal) 6

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of June, 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal) 6

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 17 1943

666-128-021-366

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 82992

Primary Registration District No. 2119 Registered No. 260

FULL NAME OF CHILD Blaine Milton Woodard

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	/			yes	Aug	28	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milton Woodard	Sarah Emma Lowe
RESIDENCE	Franklin, Idaho	Franklin
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	21 (Years)
BIRTHPLACE	Franklin	Franklin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Allen K Curtis

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Sept. 10 1920 D C Curtis
Registrar

743-03-014-943

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.D. Registration District No. 3 File No. 82993

No. ..... St. Primary Registration District No. 1007 Registered No. 62

Hospital .....

FULL NAME OF CHILD David Earl Pulliam

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	2	Yes	Aug 3 1920

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Elzie J. Pulliam	FULL MAIDEN NAME Dora Lula Graham
RESIDENCE Parma R.D.	RESIDENCE Parma R.D.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Ore
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 3.9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell
(Physician or midwife)

Address Parma

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 9 1920 Lulu Waldo Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/24/11 DNF

625-117-024-359

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 82994

Primary Registration District No. 2007 Registered No. 63

FULL NAME OF CHILD Walter Leo Obendorf, Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	2	Yes	Aug 17 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Lewis Obendorf	FULL MAIDEN NAME	Leonora Leishner
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ind.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 5 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Parma

Filed Sep 10 1920 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

235-113-014-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3 File No. 82995

No. ..... St.

Primary Registration District No. 2007 Registered No. 64

Hospital .....

FULL NAME OF CHILD Robert Manion Blenkinsop

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	2	yes	Aug 13 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Blenkinsop	FULL MAIDEN NAME	Agnes Rooney
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	England	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma Ind.

Filed Sep 10 1920 [illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1976

JUN 1 2 1975

14-014-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ——— St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 82996

Primary Registration District No. 2007 Registered No. 66

FULL NAME OF CHILD Wren Van Vleet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. H. Van Vleet	FULL MAIDEN NAME	Anna Peterson
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Lago, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Bauer
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Box 17 - Wilder Idaho

Filed Aug 20 1920 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1942

DEC 10 1952

AUG 15 1949

669-1 16-014-246

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. Route III St.

Hospital Home

Registration District No. 5 File No. 82997

Primary Registration District No. 2007 Registered No. 66

FULL NAME OF CHILD EDWARD CLYDE Ford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Aug 16 1920

FATHER		MOTHER	
FULL NAME	Clyde J. Ford	FULL MAIDEN NAME	Ida Buffington
RESIDENCE	Parma — R III	RESIDENCE	Parma — R III
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Bauer M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Wilder, Idaho, Box 17

Filed Aug 28 1920 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 82997

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for ~~Edward~~ Eddy Clyde Ford (Name on Original Certificate) who born (Was Born or Died) on August 16th 1920 (Date of Event) in Wilder Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edward Clyde Ford
Edward Clyde Ford Born aug 16th 1920	The record is mixed up from the fact he was usually called Eddie	

Subscribed and sworn to before me this 29th day of April, 1942

A L Murphy

Notary Public, residing at Caldwell Idaho

My commission expires Feb 14th 1943

(Seal)

Signed Idella Ford Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3rd & Indianna Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 1942

A L Murphy

Notary Public, residing at Caldwell Idaho

My commission expires Feb 14th 1943

(Seal)

Signed Clyde Jefferson Ford
(Signature of Any Credible Person Other Than Previous Year)

3rd & Indianna Caldwell Idaho
(Street Address, City, State)

APR 30 1942

463-117-014-443

Form V. S. No. 11-C—2Mm-9-3-17

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 82998

Primary Registration District No. 2007 Registered No. 67

FULL NAME OF CHILD Curtis Gordon Moler

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	2	Yes	Aug 17 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Moler	FULL MAIDEN NAME	Lottie Dutton
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	N D
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sep 10 1920 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813/104-014-253

89

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____ Registration District No. 7 File No. 82999

No. _____ St. Primary Registration District No. 2006 Registered No. _____

Hospital _____

FULL NAME OF CHILD Albert Irvin Halloway

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept 4 1920

FATHER		MOTHER	
FULL NAME	Sim C. Halloway	FULL MAIDEN NAME	Maude Alice Selby
RESIDENCE	R.D.1 - Kuna	RESIDENCE	Kuna R.D.1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ngbr
OCCUPATION	Rancher	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O.R. Meredith D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Sept 16 1920 Pearle Dodds Registrar

8-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1955

316-11901 4-249

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Registration District No. 7 File No. 83000

Primary Registration District No. 2006 Registered No. ____

Hospital Mercy

Full Name of Child Mrs Chester Lawrence

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	—	—	—	yes	Aug 19 1920

FATHER		MOTHER	
FULL NAME	W. A. Lawrence	FULL MAIDEN NAME	Nellie Smith
RESIDENCE	Mid S.W. Nampa Ida	RESIDENCE	Mid S.W. Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton

(Physician or midwife)

Address Nampa Ida

Filed Sept 10 1920 Pearle Dodd Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

of each, in order of birth stated.

MAY 8 1942

MAR 9 19[illegible]

MAY 1 1 1967

[redacted] 291-114-008
BIRTH
394

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1a

CERTIFICATE OF BIRTH

City of McCall

Registration District No. 7

File No. 83001

No. ____ St.

Primary Registration District No. 2006

Registered No. ____

Hospital ____

Full Name of Child Joseph Antone Bross Jr.

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		1	Yes	July 14 1920

	FATHER	MOTHER
FULL NAME	Joe Bross	FULL MAIDEN NAME Effie Cruse
RESIDENCE	McCall	RESIDENCE McCall
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Idaho	Washington
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson

(Physician or midwife)

Address Nampa Idaho

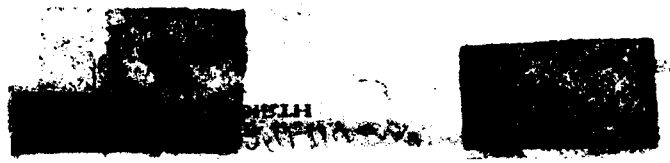
Given names added from a supplemental report

....19....

....
Registrar

Filed Sept. 18 1920 Pearle Dodds
Registrar

Certified copy issued Feb. 13, 1941. E.W.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLA[redacted]

459-103-014-331

County of Canyon

City of Nampa

No. ..... St.

Hospital Mercy

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 7

File No. 83002

Primary Registration District No. 2006

Registered No. .....

FULL NAME OF CHILD Cornelius Paul Derig

Sex of Child	Twin Triplet or other? + and Number in order of birth + (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug. 3rd. 1920

FATHER		MOTHER	
FULL NAME	M. J. Derig	FULL MAIDEN NAME	Katherine L. Clabby
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebr.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. A. Kellogg

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Nampa Idaho

Filed Sept 10 1920 Pearle Dodds

Registrar

Registrar

JAN 29 1942

[redacted]

SEP 14 1954

663-205-04-457

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Mercy

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 7 File No. 83903

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Jane Lameita Wolf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	June 5 1920

FATHER		MOTHER	
FULL NAME	Vaughn Edwin Wolf	FULL MAIDEN NAME	Rhoda Lupton
RESIDENCE	Murphy, Idaho	RESIDENCE	Murphy, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Lomax, Nebr.	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:36 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. A. Price, Jr.

Physician
(Physician or midwife)

Address Nampa, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 10 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1942

714-164-014-942

PLACE OF BIRTH

Form V. S. No. 11—Rev. 7-26-17

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 83004

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD James Fredrick Gamble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	—	—	yes	9	9	1920

	FATHER	MOTHER
FULL NAME	Carl Gamble	FULL MAIDEN NAME Jessie Russell
RESIDENCE	Nampa Ida	RESIDENCE Nampa Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	43	42
BIRTHPLACE	Texas	Idaho
OCCUPATION	Linotype Op.	Housewife

Number of child of this mother including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 1/2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Leo V. Chilton

(Physician or midwife)

Address Nampa Ida

Filed Sept 10 1920 Pearle Dodds
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 83004

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Sept 9 - 1920 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	James Fredrick Gamble

Subscribed and sworn to before me this 1st day of September, 1942

Notary Public, residing at

My commission expires
(Seal)

Signed Evelyn Gamble Rudolph
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Sister

915 Pueblo Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of September, 1942

Notary Public, residing at

My commission expires
(Seal)

Signed James A. Lewis
(Signature of Any Credible Person Other Than Previous Year)

1414 No. 21st St., Boise, Idaho
(Street Address, City, State)

OCT 18 1943

819-101-014-29 c

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R R No 4 St.

Hospital

County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 2006

File No. 83005

Registered No.

Full Name of Child x

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	x	x	yes	Sept. 1 20

FATHER		MOTHER	
FULL NAME	Edgar Harris	FULL MAIDEN NAME	Doris Simmons
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M D

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

.....19....

.....
Registrar

Filed Sept. 19 20 Pearle Dodds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 8 1969

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, of each, in order of birth stated.

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BIRTH

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453-28-014-259

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No 1001-2nd Ave No

Registration District No. 7 File No. 83006
Primary Registration District No. 1006 Registered No.
Hospital —

FULL NAME OF CHILD Loren Fred Metzel

Sex of Child: Male | Twin, Triplet or other? — | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: 8 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred Metzel	FULL MAIDEN NAME	Elsie E. Berger
RESIDENCE	Nampa Ida	RESIDENCE	Nampa, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chilton

(Physician or ~~midwife~~)

Address Nampa Ida

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Sept 10 1920 Pearle Dodds
Registrar.

667-116:014-719

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 402. 15th Ave S

Registration District No. 7 File No. 83008

Primary Registration District No. 1006 Registered No.

Hospital

Full Name of Child John Charles Fox

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M		2	yes	June 10. 20

FATHER		MOTHER	
FULL NAME	John Charles Fox	FULL MAIDEN NAME	Stella M Paige
RESIDENCE	411. 15. Ave S.	RESIDENCE	411. 15th Ave S
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Colorado
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19....

Registrar

Filed Sept. 10. 1920 Pearle Dodd

Registrar

c.c. 4/30/41. w.h.

493-112-014-493

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital C

Registration District No. 7 File No. 83011

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Robert James Miles

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	July 12 1920

FATHER

FULL NAME James Edwin Miles

RESIDENCE Nampa

COLOR white

AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Penn. Clearfield Co

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emily Anne Miles

RESIDENCE Nampa

COLOR white

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE West Point Neb.

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Thos. E. Mangum M.D.

(Physician or midwife)

Address Nampa - Idaho

Filed Sept. 10 1920 Pearle Dodds
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

OCT 2 0 1943

795109.014-713

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 83012

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Stanley Pinkerton

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth June 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Merle E. Pinkerton	FULL MAIDEN NAME	Alice E. Patterson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Hiawatha Kansas	BIRTHPLACE	Pawnee Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at [illegible] P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E. Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Ida.

Filed Sept 10 1920 Pearle Dodds
Registrar.

Registrar.

K

SEP 9 1946

796-206 & 01K-465

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 314-5th Ave S. St.

Hospital KATHERINE

Form V. S. [illegible] 25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 83013

Primary Registration District No. 1506 Registered No.

Full Name of Child Doris Renée Gifford

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	9 6 20

	FATHER	MOTHER
FULL NAME	Arthur Henry Gifford	FULL MAIDEN NAME Elizabeth Teresa Donnelly
RESIDENCE	314-5th Ave S. Nampa Ida	RESIDENCE 314-5th Ave S. Nampa Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	27	29
BIRTHPLACE	Minn	Ontario
OCCUPATION	Bank Clerk	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address NAMPA, IDAHO.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Sept 10 1920 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of N.J. } ss.
County of Bergen

SEP 18 1942

Certificate No. 83013

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Doris Renée Gifford (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6, 1920 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Doris Rene Gifford	(Kathryn) Doris (Renie) Gifford incorrect spelling
		Katherine Doris Renée Gifford

Subscribed and sworn to before me this 10th day of Sept, 1942

K. H. Dickson

Notary Public, residing at Montvale N.J.

My commission expires NOTARY PUBLIC OF NEW JERSEY (Seal)

My Commission Expires Feb. 25, 1946

Signed Theresa E. Gifford (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (mother)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of N.J. } ss.
County of Bergen

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of Sept 1942

K. H. Dickson

Notary Public, residing at Montvale N.J.

My commission expires NOTARY PUBLIC OF NEW JERSEY (Seal)

My Commission Expires Feb. 25, 1946

Signed J. Mandkamp (Signature of Any Credible Person Other Than Previous Year)

650 Lafayette Ave. Westwood N.J. (Street Address, City, State)

SEP 2 2 1942

275-08-014-236

PLACE OF BIRTH

County of Canyon

City of Nampa

No. — St.

Hospital —

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 83014

Primary Registration District No. 2006 Registered No.

Full Name of Child Jesse Jackson Spence

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Yes	9 8 1920

FATHER		MOTHER	
FULL NAME	Taylor W Spence	FULL MAIDEN NAME	Rosabell Stockstill
RESIDENCE	Nampa Ida R 1	RESIDENCE	Nampa Ida R 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Alabama	BIRTHPLACE	MO
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. McLellan M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address NAMPA, IDAHO.

Filed Sept 10 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1962

958-222-
041-369

PLACE OF BIRTH
Amended 9-26-74

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 83015

Primary Registration District No. 2176 Registered No. 112

FULL NAME OF CHILD Dorcus Reynolds

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Aug. 22 1920

FATHER

FULL NAME: Elmer Levi Reynolds

RESIDENCE: Driggs Idaho

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Ranchman

MOTHER

FULL MAIDEN NAME: Lucy Gordon

RESIDENCE: Driggs Idaho

COLOR: AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Cuddleston

Physician (Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 8 1920 Martha Marker
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] MAY 16 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS SEP 26 3 04 PM '74

Certificate No. 83015

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Vervine Reynolds (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1920 (Date of Event)

in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Vervine Reynolds	Dorcus Reynolds

Subscribed and sworn to before me this 26th day of Sept, 19 74

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Norman W. Hicks

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7641 S.E. Crystal Springs Ptd, Ore

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 5/16/73

Junior High School Certifies that Dorcus Reynolds graduated May 29, 1936 from The Baker Oregon Jr. Hi. School, and entitled admission to the Senior High School. Leo J. Brown, Chairman of School Board, Hugh Coleman, Supt.
Viewed by V.S.

SEP 2 6 1974

Book of Morman presented to Dorcus Reynolds on January 1935 gives name spelled correctly. (Dorcus Reynolds)
Viewed by V.S.

Marriage Certificate issued by the State of Oregon County of Baker gives name of Bride as Dorcas Reynolds. Married August 22, 1920. Birthplace is given as Driggs, Idaho and birth date is listed as August 22, 1920. Residence, Baker, Oregon.
Viewed by V.S.

(164-116-041-213

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 77 File No. 83016

Primary Registration District No. 2176 Registered No. 111

FULL NAME OF CHILD Earl Rodney Moulton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug. (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Rodney Earl Moulton	FULL MAIDEN NAME	Mable A Bates
RESIDENCE	Victor	RESIDENCE	Victor Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	82 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	California
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed Sept 8 1920 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-118-041-381

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

Registration District No. 77

Primary Registration District No. 2176

File No. 83017

Registered No. 110

FULL NAME OF CHILD Earl William Stewart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug. 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Stewart	FULL MAIDEN NAME	Stella Chase
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed Sept 8 1920 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

842-123-041-819

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Teton

City of Telonia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 77 File No. 83018

Primary Registration District No. 2176 Registered No. 109

FULL NAME OF CHILD Winton Hastings Hubbard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Aug. 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Alfred Hubbard	FULL MAIDEN NAME	Bessie Pearl Hastings
RESIDENCE	Telonia Idaho	RESIDENCE	Telonia Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed Sept 8 1920 Martha Marker

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

112-209-04-356

PLACE OF BIRTH

County of Teton

City of Driggs RD 1

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 83019

Primary Registration District No. 2176 Registered No. 108

FULL NAME OF CHILD Matilda Jakobsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	August 9 1920

FATHER		MOTHER	
FULL NAME	Lavrits Jakobsen	FULL MAIDEN NAME	May Lewes
RESIDENCE	Driggs R.D.1	RESIDENCE	Driggs R.D.1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Fildsantgrove (Utah	BIRTHPLACE	Marion Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Mrs Anne Larsen (Physician or midwife)

Address Driggs R.D.1 Bx 25

Filed Aug 28 1920 Martha Marker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dwt 08 1920-339653

619-209.042-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Fal[illegible]

City of Kimberly [illegible] District No. 36 File No. 83020

No. ..... St.

Hospital home Primary Registration District No. ..... Registered No. 62

FULL NAME OF CHILD Charlotte Gail Ward

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug. 9 1920

FATHER	MOTHER
FULL NAME: Lawrence E. Ward	FULL MAIDEN NAME: Maggie Bell Brown
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 50 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ill	BIRTHPLACE: Tenn
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 19 1920 J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1944

239-110-2012-453

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Registration District No. 36

File No. 83021

Primary Registration District No. .....

Registered No. 63

Hospital home

FULL NAME OF CHILD J. Kenneth Straughn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug. 10 1920

FATHER	MOTHER
FULL NAME: Clyde Jerome Straughn	FULL MAIDEN NAME: Rachel Pearl Miles
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Ind.	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug. 20 1920

J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/18/41 L. B.

JAN 2 8 1944

295·111-092-433

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36 File No. 83022

No. ..... St.

Primary Registration District No. ..... Registered No. 64

Hospital home

FULL NAME OF CHILD Mack August Binaris

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug. 11 1920

FATHER	MOTHER
FULL NAME: Gust Binaris	FULL MAIDEN NAME: Della Alberta McCreary
RESIDENCE: Pocatello. Ida	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Greece	BIRTHPLACE: Kansas
OCCUPATION: laborer	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Aug. 21 19 20 J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6664-042-249

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETUEN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Hospital home

Registration District No. 36 File No. 83023

Primary Registration District No. ..... Registered No. 65

FULL NAME OF CHILD Elmer Stewart Wooten Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug. 14, 1920

FATHER	MOTHER
FULL NAME: Elmer S.Wooten	FULL MAIDEN NAME: Josephine Burt
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Wash	BIRTHPLACE: Tex
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug. 24, 19 20 Jos Davis
Registrar

1/17/41/ EA

352-22-042-217

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen,

Registration District No. 36 File No. 83024

No. ..... St.

Primary Registration District No. ..... Registered No. 66

Hospital home

FULL NAME OF CHILD Nellie Irene Tebeck

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug. 22 19 20

FATHER	MOTHER
FULL NAME: Antone Edward Tebeck	FULL MAIDEN NAME: Rose Ora Sapp
RESIDENCE: Hansen, Idaho	RESIDENCE: Hansen, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Colo
OCCUPATION: Farmer	OCCUPATION: Hy.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Aug. 30 1920 J. M. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-124-042-413

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 36 File No. 83025

No. ..... St.

Primary Registration District No. ..... Registered No. 67

Hospital home

FULL NAME OF CHILD Cecil Paul Walker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug. 24 19 20

FATHER	MOTHER
FULL NAME: Edward F. Walker	FULL MAIDEN NAME: Fannie Lowell Mathews
RESIDENCE: Murtaugh, Idaho	RESIDENCE: Murtaugh, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Mo.
OCCUPATION: Barber	OCCUPATION: Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:50 P. M. on the date above stated.

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho

Filed Aug. 30 19 20 J. M. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

1/20/41 L. B.

City of Rock Creek Registration District No. 36 File No. 83026

No. ..... St.

Primary Registration District No. ..... Registered No. 68

Hospital home

FULL NAME OF CHILD Clara Leona Weighall

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Aug. 28, 1920

FATHER	MOTHER
FULL NAME Frank L. Weighall	FULL MAIDEN NAME Agnus Inez Wells
RESIDENCE Rock Creek m, Ida	RESIDENCE Rock Creek, Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Wash
OCCUPATION laborer	OCCUPATION Hw.

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho

Filed Aug 31 19 20 J. M. Davis Registrar

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

AUG 9 1 58 PM '74

Certificate No. 83026

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Boise, Idaho (Name on Original Certificate) who was born (Was Born or Died) on August 28, 1920 (Date of Event)
in Rock Creek (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Inez Omega Weighall	Clara Leona Weighall

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of
August, 19 74
Florence Cartright
Notary Public, residing at Burley
My commission expires 4-25-78
(Seal)

Signed Ruth Ann Sanders
(Signature of Any Credible Person)

104 Elm St Hansen, Idaho
(Street Address, City, State)

FORM DH 60-155

Family Record gives name as Clara Leona Weighall born August 28, 1920 in Rock Creek, Twin Falls County, Idaho. Family Record obviously old.
Viewed by V.S

AUG 8 1974

Childs certificate on file with State of Idaho gives name as Clara Leona Weighall as mother. Certificate # 279510.
Viewed by V.S

154-127-042-917

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Taylor St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83027

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Anderson Armour Axil

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 27 1920

FATHER		MOTHER	
FULL NAME	Carl H Anderson	FULL MAIDEN NAME	Victoria Ragnar
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Mail carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Glowchek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls, Idaho

Filed Sept 8 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/19;41. w.h.

JUN 2 6 1969

474-203-042-434

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83028

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Updegraf Emma Louise Updegraff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes.	Aug (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Dev Updegraf	FULL MAIDEN NAME	Marguerite McMullan
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Canada
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Wonchek

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls, Idaho.

Filed Sept 8 1928 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1952

251-107-042-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 140 Addison Ave E St.

Hospital

Registration District No. 37 File No. 83029

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Nile J. Knauss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sherman V Knauss	FULL MAIDEN NAME	Sarah La Vaughn Moss
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	St Anthony Id.
OCCUPATION	Fuel & Feed Co	OCCUPATION	House wife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Emes.

Physician (Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address Twin Falls Ida.

Filed Sept 10 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264 x 041042-235

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

[redacted] m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83030

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Wm George Sommer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John G. Sommer	FULL MAIDEN NAME	Louise Steinman
RESIDENCE	P.O. Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 am M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls, Idaho

Filed Sept 8 1920 John F Coughlin Registrar

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 7/26/28 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: R-1-

County: Twin Falls

File Number: 83030

Registration Dist. No.:

Sex of Child: Male

Date of Birth: August 4 1928

Father: John Gottfried Sommer (Full Name)

Mother: Louise Marie Steinman Sommer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William George Sommer
Child's Name in Full

Mrs. John G. Sommer
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795-227-042-266

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of 11 11

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83031

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Green

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 27 1920

FATHER		MOTHER	
FULL NAME	Clarence Green	FULL MAIDEN NAME	Lezetta Bowman
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Blondell
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Idaho

Filed Sept 8 1920 John F Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-1161042-655

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 83032

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Earl McAuley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 6, 1920 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Harry E. McAuley	FULL MAIDEN NAME	Virginia Overfield
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Pa.
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T B Wasson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Sept 9 1920 John F Coughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83032

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Robert Earl McAuley
Date of birth	Sept 5th	Sept 6, 1920

Subscribed and sworn to before me this 26th day of June, 1945

Notary Public, residing at Boise

My commission expires May 9 - 1949

(Seal)

Signed Mrs. Virginia McAuley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JUN 25 1945

FEB 23 1965

135-113-042315

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 83033

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Alexander, Aleck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 13 1920

FATHER		MOTHER	
FULL NAME	George Alexander	FULL MAIDEN NAME	Mary Canell
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wh	COLOR	
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Mechanic	OCCUPATION	Hwf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Masson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Sept 9 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1958
JUL 16
NOV 30 1961
SEP 8 1975

755/25-042-243

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 83034

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wayne Roy Gentry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	8 (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank Gentry	FULL MAIDEN NAME	Lulu Buttin
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Labr.	OCCUPATION	Hwf.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T B Wesson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Sept 7 1920 John Laughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 27, 1941. E.W.

FEB 8 1943

693-207-042-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83035

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin			yes	8 7 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter M. Williams	FULL MAIDEN NAME	Hazel Jones
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	So Dak.	BIRTHPLACE	Ill
OCCUPATION	Labr.	OCCUPATION	Hmf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Sept 9 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1950

693-207-042465

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 87 File No. 83036

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	2	Yes	8 7 1920

FATHER		MOTHER	
FULL NAME	Walter M. Williams	FULL MAIDEN NAME	Hazel Jones
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	So Dak.	BIRTHPLACE	Ill
OCCUPATION	Labor	OCCUPATION	Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Stillborn~~), at 11 a M. on the date above stated.

(Signature) T S Watson

(Physician or ~~midwife~~)

Address Twin Falls

Filed Sept 9 1920 John F Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

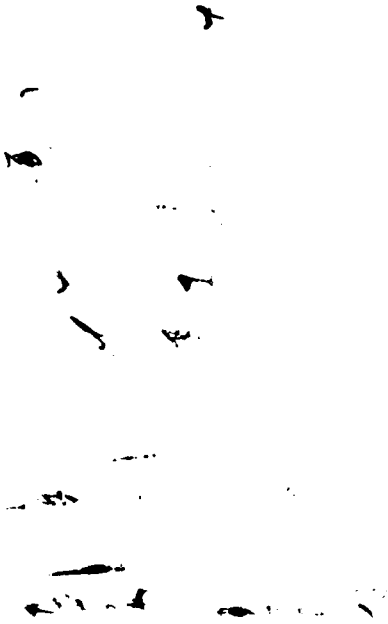
..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



753-11 C-242-113

PLACE OF BIRTH Amended Child's Birthdate 5-23-03 LME

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 83037

No. ..... St.

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Harry P. Peterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				yes	9	10	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lars P Peterson	Johanna Matson
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farmer	Hwf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 6 9, M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Mason

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 9 1920 John F Laughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/29/41 Z.J.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED VITAL STATISTICS 03 MAY 12 AM 10:46

State of CALIFORNIA
County of LOS ANGELES } SS

Certificate No. 1920-83037
Date Filed 9/9/20

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)

for Harry P. Petersen (Name on Original Certificate) who was born (Was Born, Died, etc.) on September 19, 1920 (Date of Event Reported on Original Certificate)

in Twin Falls, Idaho (Twin Falls) (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's date of birth	September 20, 1920	September 9, 1920

HARRY P. PETERSEN -
Subscribed and sworn to before me this 8th day of May, 2003

Notary Public, S.D. Yuniskis

Residing at 3145 W Vallejo Dr., Anaheim, CA 92804

My commission expires Nov. 6, 2006
(Seal)

S.D. YUNISKIS
COMM. # 1378620
Notary Public ~ California
LOS ANGELES COUNTY
My Commission Expires Nov. 6, 2006

x Harry P. Petersen
Signature of Applicant

x 1048 Marcellus St.
Street Address, City, State and Zip
Long Beach, Ca 90807

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

Harry P. Petersen Application to the Metropolitan Life Insurance Company dated July 25, 1956 states his birthdated as September 9, 1920. Viewed by VS

The Travelers Insurance Company Life Insurance Application dated 12-9-66 states his name as Harry P. Petersen born on 9-9-1920 in Twin Falls, Idaho. Viewed by VS

735-108-042-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 83038

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	9 - 8 1920

FATHER		MOTHER	
FULL NAME	John H Glenn	FULL MAIDEN NAME	Silvia Winsler
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	M AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T B Wasson

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Sept 9 1920 John F Coughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-217-042-767

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83039

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Anderson DOROTHY MAE ANDERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	8 (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm Lee Anderson	FULL MAIDEN NAME	Minnie Topp
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wm AGE AT LAST BIRTHDAY 31 (Years)	COLOR	Wm AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	So Dak	BIRTHPLACE	So Dak
OCCUPATION	Labor	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T F Warson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Sept 9 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of COLORADO } ss.
County of MINERAL }

JAN 24 19[illegible]

Certificate No. 83039

Date Filed Jan 21st 42

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unknown Anderson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 17th 1920 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Anderson	Dorothy Mae Anderson

Subscribed and sworn to before me this 21st
day of January, 1942.
Notary Public, residing at Creede, Colorado
My commission expires: My Commission Expires July 29, 1942
(SEAL)

Signed William Lee Anderson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Creede Colo
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Mineral~~ Colorado } ss.
County of Mineral }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 21st
day of January, 1942.
Notary Public, residing at Creede, Colorado
My commission expires: ~~My Commission Expires July 29, 1942~~
(SEAL)

Signed Minnie Anderson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Creede Colo
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 24 1942 By .....
(REGISTRAR'S SIGNATURE)

493-225-042-281

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 140 Addison Ave. E St.

Hospital Cozy-est

Registration District No. 37 File No. 83040

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Margaret Louise Mitchell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		2	yes	Aug (Month) 25 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David G. Mitchell	FULL MAIDEN NAME	Iva P. Shank
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska.
OCCUPATION	Farming	OCCUPATION	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address

Filed Sept 3 1920

John F Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 5 1973

DEC 0 1 1941

218-101-042368

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83041

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD David SUMNER Kahn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 1 1920

FATHER		MOTHER	
FULL NAME	Max Kahn	FULL MAIDEN NAME	Gertrude Sophie Cohen
RESIDENCE	Eden Idaho.	RESIDENCE	Eden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Russia	BIRTHPLACE	Salem, Mass.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Gonchik

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Idaho

Filed Aug 10 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Massachusetts }
County of Essex } ss.

Certificate No. 83041

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for David Sumner Kahn (Name on Original Certificate) who (Was Born ~~or Died~~) on Aug 1 - 1920 (Date of Event)
in Twin Falls, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins. Policy (Bible Record, Insurance Policy, Etc.) prepared on Apr. 23, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dave	David Sumner Kahn

Subscribed and sworn to before me this 19th
day of June, 1942 Town Clerk
Barry M Baggin, Justice of the Peace
Notary Public, residing at Lynnfield Mass
My commission expires July 1947
(Seal)

Signed Maxwell Kahn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a ~~death record; or other credible person~~.)
793 Main St. Lynnfield Ctr Mass
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Massachusetts }
County of Essex } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of June, 1942 Town Clerk
Barry M Baggin, Justice of the Peace
Notary Public, residing at Lynnfield
My commission expires July 1947
(Seal)

Signed Katherine L. Higgins
(Signature of Any Credible Person Other Than Previous Year)
52 Summer St Lynnfield Mass
(Street Address, City, State)

Corrected .J.

AUG 23 1950

JUN 24 1942

636-205-042-666

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls. File No. 83042

City of Twin Falls Registration District No. 37

No. ____ St.

Hospital County Hosp. Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Laura Eleanor Flood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Aug 5, 1920

FATHER		MOTHER	
FULL NAME	Robt. J. Flood	FULL MAIDEN NAME	Frances M. Foote
RESIDENCE	Kimberly, Ida.	RESIDENCE	Kimberly, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ketchum, Ida	BIRTHPLACE	Ripon, Wisc.
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

(Signature) J. R. Davis

Physician (Physician or midwife)

Address Kimberly Idaho

Filed Aug 10 1920 John F. Caughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1942

314102.042-249

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls

Registration District No. 37 File No. 83043

No. ..... St.

Hospital County Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Berl Irvin Cameron

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 2, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Irvin Cameron	FULL MAIDEN NAME	Eunice Laura Smith
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Bingham Canon, Utah	BIRTHPLACE	Etna, Utah
OCCUPATION	Ditch Rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Aug 10 1920 John F Aughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1966

386-219-042-663

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Ida.

Registration District No. 37 File No. 83044

No. ..... St.

Hospital County Hosp. Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Audrey Maxine Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Jul (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Albert J. Thompson	FULL MAIDEN NAME	Clara Wolf
RESIDENCE	Hansen, Idaho R#1	RESIDENCE	Hansen Idaho RFD#1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Stanton, Nebr.	BIRTHPLACE	Madison, Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Alexander

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Ida

Filed Aug 10 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1953

468-119-042-633

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Ida.

Registration District No. 37 File No. 83045

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital County

FULL NAME OF CHILD Wilbur Tenney Doyel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Jul 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Thos. Doyel	FULL MAIDEN NAME	Starr Otto
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mina, Ark	BIRTHPLACE	Monte Vista, Colo.
OCCUPATION	School Teacher.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.08 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Aug 10 1920 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

SEP 22 1941
RECEIVED

State of Oklahoma } ss.
County of Oklahoma }

Certificate No. 83045
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Wilbur Tenney Doyel (Name on original certificate) who born (Was born or died) on July 19, 1920 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by hospital record, Twin Falls (Bible record, insurance policy, etc.) prepared on their birth records (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Doyle	Doyel
Wilbur Tenney Doyel		Wilbur Tenney Doyel

Subscribed and sworn to before me this 18 day of September, 19 41

Margaret Warren

Notary Public, residing at Oklahoma City, Okla.

My commission expires February 15, 1944

[SEAL]

Signed W T Doyel W T Doyel, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

411 E 4th, Edmond, Oklahoma
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Oklahoma }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of September, 19 41

Margaret L. Warren

Notary Public, residing at Oklahoma City, Okla.

My commission expires February 15, 1944.

[SEAL]

Signed Grace Harlowe
(Signature of any credible person other than the previous affiant.)

918 NE 19th Okla City, Okla
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

234-203-042-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 83046

County of Twin Falls

City of Twin Falls

No. 536 4th Ave E. St.

Registration District No. 37

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Ruby Jauneta Stumpf

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—		2	Yes.	8 3 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Winford Stumpf	Mary Jane Jones.
RESIDENCE	Lincoln Co. Ida.	Lincoln Co. Ida.
COLOR	White	White.
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	Edison. Neb.	Texas Co. Mo.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Alexander

M. D.
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 10 1920 John Y Coughlin

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1943

395-16-042-843

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls.

Registration District No. 37 File No. 83047

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital Boyd.

FULL NAME OF CHILD Jack Eugene Treleasse.

Sex of Child Male | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legiti mate? Yes. | Date of Birth Aug. 1, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Treleasse.	FULL MAIDEN NAME	Ayla Hull.
RESIDENCE	Hollister.	RESIDENCE	Hollister.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30. (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Jackson, California.	BIRTHPLACE	Fairfax, Missouri.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William T. Passer. M.D.

(Physician or midwife)

Address Boyd Bldg.

Given names added from a supplemental report.

19....

Registrar

Filed Aug 17 1920 John F Coughlin

Registrar

Certified Copy issued October 30, 1940. E.W.

Certified Copy issued Nov. 8, 1940. E.W.

APR 24 1950

MAR 13 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

698-110-042-275

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 720-4 Ave East St.

Hospital —

Registration District No. 37

File No. 83048

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD WILLIAM JOHN WILSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	July 10 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grover C Wilson	FULL MAIDEN NAME	Marie Specht
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Germany
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls

19

Registrar

Filed Aug 17 1920 John L Coughlin Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of TWIN FALLS } ss.

Certificate No. 83048

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for WILLIAM JOHN WILSON (Name on Original Certificate) who WAS BORN (Was Born or Died) on JULY 10, 1920 (Date of Event)
in TWIN FALLS, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on JULY 10, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	William John Wilson

Subscribed and sworn to before me this 23rd
day of [illegible], 1942

[illegible] Twin Falls Idaho
Notary Public, residing at

My commission expires May 28-1945
(Seal)

Signed Grover C. Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1211-10th Ave. East - Twin Falls Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of [illegible], 1942

[illegible] Twin Falls
Notary Public, residing at

My commission expires May 28, 1945
(Seal)

Signed J. E. Brest
(Signature of Any Credible Person Other Than Previous Year)

561—4—East
(Street Address, City, State)
Twin Falls Idaho

APR 8 1942

434-205-042-255

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 83049

No. 314-3 ave East St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Shirley Louise McDougal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	8-5-1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Preston McDougal	FULL MAIDEN NAME	Gertrude Beers
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls

19

Filed Aug 17 1920 John F Coughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/6/40 L.E.

653-104-042-763

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 351 - 3rd East St

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

Registration District No. 37

File No. 83050

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Claude Leroy Wells

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yrs	8-4 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude W Wells	FULL MAIDEN NAME	Lois Gollahes
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Utah
OCCUPATION	Clerk in R. R. Office	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Leete

Twin Falls Id.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Aug 17 1920 John F Coughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

443-127-042-858

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 652-2 ave West St.

Registration District No. 37 File No. 83051

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD James Donald Mulvihill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 27 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James J Mulvihill	FULL MAIDEN NAME	May Hendershot
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Leete

Twin Falls Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Aug 17 1920 John F Coughlin Registrar

638-213-042-691

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-20

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 37 File No. 83052

Primary Registration District No. 1655 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	July 13 19 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Flynn	Etta France
RESIDENCE	Canada	Canada
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	.....	17
BIRTHPLACE	Tennessee	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... 1 Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. Leete

Twin Falls Ida

(Physician or midwife)

Address Twin Falls Ida.

Filed Aug 17 19 20 John Daughtrin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 1970

255-207-042-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Mustaugh Ida Registration District No. 37 File No. 83053

No. ..... St. Primary Registration District No. 2085 Registered No. .....

Hospital — .....

FULL NAME OF CHILD Elma Valeen Beers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	July 7 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter E Beers	FULL MAIDEN NAME	Ida Lee
RESIDENCE	Mustaugh Ida	RESIDENCE	Mustaugh Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Leete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Aug 17 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1953

695-108-042-456

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly Ida

No. ..... St.

Hospital .....

Registration District No. 37

File No. 83054

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD William Winn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	July 8 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stephen G. Winn	FULL MAIDEN NAME	Edith Mifflin
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hn Leete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Aug 17 1920 John F Aughtin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1959

165-215-042-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 83055

No. ____ St.

Hospital County Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Jean Vernon Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Aug 15th 1920

FATHER	MOTHER
FULL NAME Ronald V. Jones	FULL MAIDEN NAME Hannah-Pierson
RESIDENCE Filer, Idaho	RESIDENCE Filer, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Park City, Utah	BIRTHPLACE Yankton, So. Dakota
OCCUPATION High School teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 4:05 P.M. on the date above stated.

(Signature) A. A. Newberry

(Physician or midwife)

Address Filer - Idaho.

Filed Aug 18 1920 John F. Coughlan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4

JUN 12 1942

964-111-042-284

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 83056

No. ..... St.

Hospital County Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Stuart Shurtliff Rough

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug (Month) 11 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stuart Babis Rough	FULL MAIDEN NAME	Carolyn Shurtliff
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nehawka, Nebr	BIRTHPLACE	Stratton, Nebr
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis

Physician (Physician or midwife)

Address Kimberly Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Aug 18 1920 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-12-41

415-207-042-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Filer

Registration District No. 38

File No. 83057

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Not named.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes.	Aug 7th 1920

FATHER		MOTHER	
FULL NAME	John Mansker,	FULL MAIDEN NAME	Minta Sullivan
RESIDENCE	Filer,	RESIDENCE	Filer,
COLOR	White. AGE AT LAST BIRTHDAY 52 (Years)	COLOR	White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Hwife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:20 A.M. on the date above stated. (Born alive ~~or [illegible]~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Dr. A. A. Newberry
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Aug 7 1920 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-214-042-499

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. _____ St.

Hospital _____

Registration District No. 38

Primary Registration District No. 2086

File No. 83058

Registered No. _____

FULL NAME OF CHILD not named.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Aug (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred Bird	FULL MAIDEN NAME	Olive Driscoll
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 6 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Aug 14 1920 Dr. A. A. Newberry Registrar

S-Y-CO 38071

DUP OF 1920 D 81-293 AND
1921 -350 364

DUP of 1920 - D81-293

257-210-042-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 83059

No. _____ St.

Primary Registration District No. 2086

Registered No. _____

Hospital _____

FULL NAME OF CHILD Frances Pauline Sexton

Sex of Child: Girl | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth: Aug. 10 (Month) (Day) 1920 (Year)

FATHER

FULL NAME: G. F. Sexton

RESIDENCE: Filer.

COLOR: White. AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: N. Carolina.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Clyde Jones

RESIDENCE: Filer.

COLOR: White. AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: N. Carolina

OCCUPATION: At home

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 6 a.m. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Dr. A. A. Newberry

(Physician or ~~midwife~~)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Aug 10 1920. Dr. A. A. Newberry, Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 13 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 6 8 41 AM '76

State of North Carolina } ss.
County of Alleghany

Certificate No. 83059

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Sexton (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 10, 1920 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Frances Pauline Sexton

Subscribed and sworn to before me this 20 day of October, 1975

Notary Public, residing at Rt. 1 Sparta, NC

My commission expires 9-19-79

(Seal)

Signed Clyde Lonnie Sexton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of North Carolina } ss.
County of Alleghany

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of November, 19 75

Notary Public, residing at Rt. #1 Sparta, N.C.

My commission expires 9-19-79

(Seal)

Signed Herman D. Sexton
(Signature of Any Credible Person)

Sparta N. C.
(Street Address, City, State)

FORM DH 60-155 CL 8/13/74

Family Bible record gives name as Frances Pauline Sexton born Aug 10, 1920 at Twin Falls, Idaho. Married to Max webb on June 16, 1951. viewed by V. S.

Family record by mother gives name as Frances Paluine Sexton. born Aug 10,1920 at Filer, Idaho. viewed by V. S.

JAN 7 1976

219-229-042-45

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Filer Ida. Registration District No. 38 File No. 83061

No. ..... St.

Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Mabel Louise Barbezat

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl.		yes.	Sept. 29 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	L. A. Barbezat.	FULL MAIDEN NAME	Gertrude Metcalf
RESIDENCE	Filer Ida.	RESIDENCE	Filer, Idaho
COLOR	White. AGE AT LAST BIRTHDAY 42. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Illinois.	BIRTHPLACE	Kan.
OCCUPATION	Farmer.	OCCUPATION	H. wife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry (Physician ~~or midwife~~)

Address Filer, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 29 1920 Dr. A. A. Newberry Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Santa Clara } ss.

Certificate No. 83061

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who born (Was Born or Died) on Sept 29-1920 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by sisters knowledge (Bible Record, Insurance Policy, Etc.) prepared on who was present at time of birth (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mabel Louise Barbezat
Date	Sept. 28th	Sept. 29, 1920

Subscribed and sworn to before me this 2nd day of March, 1944.
Gladys E. McCormick
Notary Public, residing at San Jose, Cal
My commission expires Dec 13-1947
(Seal)

Signed Rena G. Hart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R.5-Box 196 San Jose, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Santa Clara } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of March, 1944.
Gladys E. McCormick
Notary Public, residing at San Jose, Cal
My commission expires Dec 13-1947
(Seal)

Signed Myrtle Pritchard
(Signature of Any Credible Person Other Than Previous Year)
1087 Morris Ct - San Jose, Cal
(Street Address, City, State)

415-228-042-569

PLACE OF BIRTH

name added 5-18-82

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Ida.

Registration District No. 38

File No. 83062

No. _____ St.

Primary Registration District No. 2076

Registered No. _____

Hospital _____

FULL NAME OF CHILD Frances Irene Davidson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Davidson	FULL MAIDEN NAME	Hattie Norton
RESIDENCE	Filer Idaho	RESIDENCE	Filer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colo.	BIRTHPLACE	Wash
OCCUPATION		OCCUPATION	Huife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 1:00 A.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Dr. A. A. Newberry
(Physician ~~or midwife~~)

Address Filer, Idaho

Given names added from a supplemental report.

_____ 19__

_____
Registrar

Filed Sept 28 1920 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-7-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Washington
County of Yakima } ss.

MAY 13 10 27 AM '82

Certificate No. 83062
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Davidson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-28-20 (Date of Event)

in Filer (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	unnamed	Frances Irene Davidson

Subscribed and sworn to before me this 10th day of May, 1982

Notary Public, Paula Thomas

Residing at Nachas WA

My commission expires 9/12/83

(Seal)

x Frances I Morris
Signature of Applicant

13135 Old Nachas Rd Nachas WA
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ~~—~~)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Washington State Birth Certificate gives Patricia Lynn Morris born 12-6-45 in Yakima, WA to Henry Jasper Morris and Frances Irene Davidson. Viewed by V.S.

MAY 18 1982

Yakima County Public School Report card gives Frances I Davidson grade 3 term beginning 1928-29. Viewed by V.S.

783-220-042-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Filer, Ida.

Registration District No. 38

File No. 83063

No. _____ St.

Primary Registration District No. 2086.

Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~not named~~ Mary Helen Pyle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl.		Yes.	Sept 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nelson Pyle.	FULL MAIDEN NAME	Anna Tannehill
RESIDENCE	Filer, Idaho.	RESIDENCE	Filer, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Wisc.
OCCUPATION	Farmer.	OCCUPATION	Hurife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at 6 20 a. M. on the date above stated. (Born alive ~~or stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Dr. A. A. Newberry
(Physician ~~or midwife~~)

Address Filer, Idaho.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed Sept 20 1920 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 1944

45-102042-817

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Filer, Ida. Registration District No. 3 F File No. 83064

No. ____ St. Primary Registration District No. 2086. Registered No. ____

Hospital ____

FULL NAME OF CHILD Harold Delmar Dean.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy.			Yes.	9 (Month) 2 (Day) 1928 (Year)

FATHER		MOTHER	
FULL NAME	Grover Cleveland Dean	FULL MAIDEN NAME	Lulu Ira Hagar.
RESIDENCE	Filer, Idaho.	RESIDENCE	Filer, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oklahoma.	BIRTHPLACE	Missouri
OCCUPATION		OCCUPATION	Houseke.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ____, at 4:40 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

(Signature) .....
Dr. A. A. Mewhorter.
(Physician or ~~midwife~~)
Address Filer, Idaho.

Filed 9-2 1928 Dr. A. A. Mewhorter
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1969

449-101-042-618

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Filer, Ida. Registration District No. 38 File No. 83065

No. ____ St. Primary Registration District No. 2456 Registered No. ____

Hospital ____

FULL NAME OF CHILD not Named. George Lee

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy.			yes.	Sept 1 1930

FATHER		MOTHER	
FULL NAME	Elmer R. Murray.	FULL MAIDEN NAME	Madge Taylor.
RESIDENCE	Filer, Idaho.	RESIDENCE	Filer, Idaho.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	27.	AGE AT LAST BIRTHDAY (Years)	20.
BIRTHPLACE	Ark.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	H. Wife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 7 a. M. on the date above stated.
(Born alive—~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) .....

Dr. A. A. Newberry
(Physician or midwife)

Address Filer.

Filed Sept 1 1930. Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

753205 042-613

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83066

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	8 (Month) / 5 (Day) / 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. S. Peck	FULL MAIDEN NAME	Nellie Walker
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Hardware Merchant	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed AUG 31 1920 19.... J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1973

BK-205-042-433

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 83067

Primary Registration District No. 6087 Registered No. .....

FULL NAME OF CHILD MARGARET IRENE Hamilton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	Aug 5 1920

FATHER		MOTHER	
FULL NAME	John C. Hamilton	FULL MAIDEN NAME	Louisa Jane McCarthy
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Whr	COLOR	Whr
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Canton, Mont
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Geo Jennings MD

(Physician or midwife)

Address Buhl Id.

Filed AUG 31 1920 19 J. V. Murphy Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 83067

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marguerite Irene Hamilton (Name on Original Certificate) who Born (Was Born or Died) on ~~15~~ 5th of August (Date of Event) 1920
in Buhl, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Register (Bible Record, Insurance Policy, Etc.) prepared on 29th Aug - 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Margaret Irene Hamilton

Subscribed and sworn to before me this 16
day of October, 1942
Geo L Lappe
Notary Public, residing at Buhl Ida
My commission expires June 13 1943
(Seal)

Signed Sr. C M Verhoeven P.P.
(Signature of parent or ~~attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Catholic Church, Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of Oct, 1942
Geo L Lappe
Notary Public, residing at Buhl Ida
My commission expires June 13 1943
(Seal)

Signed Hazel R Rhoads
(Signature of Any Credible Person Other Than Previous Year)
514 - North 9th Street Buhl, Idaho
(Street Address, City, State)

FEB 1 1943

JAN 20 1971

FEB 1 1943

MAR 2 1971

289-105-042-391

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 39 File No. 83068

Primary Registration District No. 3087 Registered No. .....

FULL NAME OF CHILD Kenneth Cresap Shriver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Aug (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lee Shriver	FULL MAIDEN NAME	Zoe Sarah Cresap
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Texas ~~Oak~~	BIRTHPLACE	Wash.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (over), at 6, P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Buhl Ida

Filed 8-6 1920 J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-208-042-295

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl 4 miles south

No. and 1/2 mile west St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83069

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Suda Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	8 8 1920

FATHER		MOTHER	
FULL NAME	Green Hall	FULL MAIDEN NAME	Stella King
RESIDENCE	miles south 1/2 mile west of Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Kentucky U.S.A.	BIRTHPLACE	Kentucky - U.S.A.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:55 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S. Shandell M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Buhl - Ida

19

Registrar

Filed 8-15 1920 J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF BIRTH

652-110-042-245

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83070

Primary Registration District No. 3087 Registered No. .....

FULL NAME OF CHILD Donald Lonnie Webb

Sex of Child Male | Twin Triplet or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Doyle William Webb	FULL MAIDEN NAME	Rula Bunch
RESIDENCE	Castleford Idaho	RESIDENCE	Castleford Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Aug. 10 - 1920 at 4:10 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Aug 12 1920

J. A. Merfley Registrar

3/19/41 L. B.

294-212-042-365

PLACE OF BIRTH

County of Twin Falls

City of NE x 1/2 N. of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83071

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Sadie Louise Simmons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8 12 20

FATHER		MOTHER	
FULL NAME	John Simmons	FULL MAIDEN NAME	Guy Love
RESIDENCE	1 mile East x 1/2 mile north of Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Kansas - U.S.A.	BIRTHPLACE	Missouri - U.S.A.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S. Goodwin M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl - Ida.

Filed 8-15 1920 J. H. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 8 1967

299-215-042-619

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 83072

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Mildred Lorraine Brittain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	8 15 1920

	FATHER	MOTHER
FULL NAME	Mark D. Brittain	FULL MAIDEN NAME Clara M. Ward
RESIDENCE	Buhl Idaho	RESIDENCE Buhl Id
COLOR	Wht.	COLOR Wht
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Miss.	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

(Signature) Geo Jennings M D

(Physician or midwife)

Address Buhl Id

Filed AUG 31 1920 19..

J. N. Murphy Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1945

MAR 22 1945

168-120-042-962

PLACE OF BIRTH

Form ... No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Burl

Registration District No. 39 File No. 83073

No. ..... St.

Primary Registration District No. 2081 Registered No. .....

Hospital .....

FULL NAME OF CHILD ROBERT EDGAR Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				Yes	8	20	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred John Johnson	Edwina Davis Robertson
RESIDENCE	Burl Id	Burl Id
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Neb.	Ky.
OCCUPATION	Retail Lumberman	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Jennings M D
(Physician or midwife)

Address Burl Id

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed AUG 31 1920 19.....

J. W. Wimpley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of WASH.....) Certificate No. 83073.....
)ss
County of PIERCE.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH for ROBERT EDGAR JOHNSON who WAS BORN
(birth ~~or death~~) (Name on original certificate) (was born or ~~died~~)
on AUG. 20, 1920 in BUHL, IDAHO ~~are erroneous or~~ were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown by BIBLE RECORD prepared on.....are:
(Bible record, ~~insurance ploy, etc.~~) (Give date)

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Robert Edgar Johnson

Subscribed and sworn to before me this 16TH day of SEPT. 1941

Signed Mrs. Fred L. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at TACOMA, WN.

3801 No. 21 ST. TACOMA, WASH
(Street address, City, State)

My commission expires 5/23/44

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of WASH.....)
)ss
County of PIERCE.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16TH day of SEPT. 1941

Signed Hilda Hale
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at TACOMA, WN.

2101 No. ADAMS ST. TACOMA WN.
(Street address, City, State)

My commission expires 5/23/44
(SEAL)

299-221-012-219

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83074

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Rowena Maxine Kriegh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	8 (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Carmel Vern Kriegh	FULL MAIDEN NAME	Cly. Blossom Barner
RESIDENCE	Buhl Ildaho	RESIDENCE	Buhl, Ida.
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Lee Clusky

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed AUG 31 1920 J. H. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1942

385-122-042-818

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83075

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hilton P. Lynch

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 27 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Silas Lynch	FULL MAIDEN NAME	Stella Hays
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Texas	BIRTHPLACE	Arkansas
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was August 27-1920 at 11.50 P.M. (Born alive or Stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.A. Irmen

Physician.

(Physician or Midwife)

Address J. A. Murphy

Given names added from a supplemental report.

..... 19.....

Filed 8-30 1920 J. A. Murphy

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1949

249128 042-315

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83076

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Smith	FULL MAIDEN NAME	Ethel Elizabeth Lansing
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl. Ida.

Registrar

Filed AUG 31 1920

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-130-042-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83077

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin			yes	8 (Month) 30 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Owen Sisson	FULL MAIDEN NAME	Lola Woolington
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kafratska	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClurky

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed AUG 31 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-130-042-666

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83078

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Roy Sisson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twins			yes	8 (Month) 30 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Owen Sisson	FULL MAIDEN NAME	Lola Woolington
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:10 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Registrar

Filed AUG 31 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-20?-0?3-659

Amended 4-12-62

(Be sure the information is complete and accurate)

State File No. 83080
Local Reg. No. 245
Reg. Dist. No. 15

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Valley

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arling

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Valley

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arling

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elda b. (Middle): Berdeane c. (Last): Matthews

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) July (Day) 7, (Year) 1920

FATHER OF CHILD

7. FULL NAME a. (First): John b. (Middle): c. (Last): Matthews

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Mo.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Stella b. (Middle): c. (Last): Ferguson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: G. E. Noggle

18c. ADDRESS: Cascade, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 9-6-1920

20. REGISTRAR'S SIGNATURE: M. McDonald

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23.

PUBLISHED BY DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

School Record from Jerry L. Evans, Cascade Schools gives childs date of birth as July 7, 1920. Childs name as Matthews, Elda, Guardian as J. M. Matthews/ dated September 9, 1935

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

[redacted] } ss.

Certificate No. 83080

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Matthews Elda Berdeane Matthews (Name on Original Certificate) who was born (Was Born or Died) on July 11, 1920 (Date of Event)

in Arling, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Elda Berdeane Matthews
Child's Date of Birth	July 11, 1920	July 7, 1920
Full Name of Father	Jno Mathews	John Matthews

Subscribed and sworn to before me this 23rd day of Sept, 1961

Notary Public, residing at New Meadows Idaho

My commission expires Jan 10 - 1965

(Seal)

Signed [redacted] Matthews

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of Sept, 1961

Notary Public, residing at New Meadows Idaho

My commission expires Jan 10 - 1965

(Seal)

Signed [redacted] Carole York

(Signature of Any Credible Person)

New Meadows Idaho

..... (Street Address, City, State)

FORM DH 60-155

CL 6-30-61. one copy pd. receipt #17829.

Employment record statement from McCall Cleaners gives childs name as Elda Berdeane Matthews born July 7, 1920 at Cascade. Dated June 1951.

Death certificate of father gives name as John Madison Matthews. Dated May file # 51-1600.

Certificate of marriage, State of Oregon, July 1, 1908 gives name as John M. Matthews, viewed by V.S.

Family Record book, written by mother, obviously old, gives name as Elda Berdeane Matthews born July 7, 1920, viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

[redacted] IDAHO

[redacted] Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Valley

City of Smiths Ferry

Registration District No. 15

File No. 83081

No. ..... St.

Primary Registration District No. .....

Registered No. 244

Hospital .....

FULL NAME OF CHILD Marvene Wigeon Parsons

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fm		yes	8 3 20

FATHER		MOTHER	
FULL NAME	Noble Parsons	FULL MAIDEN NAME	Ethel Shangler
RESIDENCE	Smith Ferry	RESIDENCE	Smith Ferry
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	N. D.	BIRTHPLACE	Kas
OCCUPATION	Lumberman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Noggle

(Physician or Midwife)

Given name added from a supplemental report

Address Cascade Ida

..... 19.....

Filed 9-6 1920 M. McDonald Dep

Registrar

Registrar

5-Y CO., 16669

21 1942

819-122-044-469

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-7-21-19

County of Washm[redacted]TICS [redacted]TH

City of Weiser

Registration District No. 86 File No. 83083

No. ..... St.

Primary Registration District No. 2112 Registered No. 63

Hospital .....

FULL NAME OF CHILD Oliver Arlo Yardley

Sex of Child	Twin Triplets or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twins		1	yes	July (Month) 22 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John T. Yardley	FULL MAIDEN NAME	Elizabeth Morrison
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	S. Dak
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walchouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed Aug. 3, 1920 W. R. Hamilton Registrar

M. L. H.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 19 1948

819-222-04X-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 83084

No. ..... St.

Primary Registration District No. 2112 Registered No. 64

Hospital .....

FULL NAME OF CHILD Yardley

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
female	Twin (Twin) and (Twin)	2	Yes	July 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John T. Yardley	FULL MAIDEN NAME	Elizabeth Morrison
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oil	BIRTHPLACE	S. Dak
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed Aug 3 1920 W. R. Hamilton Registrar

Registrar

M. L. H

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-129-044-239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. E. Com. & 3rd St.

Registration District No. 86 File No. 83085

Primary Registration District No. 1010 Registered No. 65

Hospital

FULL NAME OF CHILD Clarence Claude ~~[illegible]~~ More

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kenneth C ~~[illegible]~~ More	FULL MAIDEN NAME	Ethel Scism
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borneline (Born alive or stillborn), at 2 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Mulchoin

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed Aug 3 1920 W. R. Hamilton Registrar

M. L. H

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-19-41 G. F.

FEB 4 1975

465-101-044-414

Amended 5-17-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83086
Local Reg. No. 66
Reg. Dist. No. 86

1. PLACE OF BIRTH

a. COUNTY: Washington

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Washington

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Everett b. (Middle): H. c. (Last): Monteer

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): July 1, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Harold b. (Middle): J c. (Last): Monteer

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ella b. (Middle): c. (Last): Maw

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wyoming

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. M. Waterhouse

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Weiser, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Aug. 3, 1920

22. REGISTRAR'S SIGNATURE: W.R. Hamilton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 3 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 83086

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Harold Everett Monteer (Name on Original Certificate) who was born (Was Born or Died) on July 1, 1920 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Harold Everett Monteer	Everett H. Monteer

Subscribed and sworn to before me this 31st day of March, 1966

Notary Public, residing at Weiser, Idaho

My commission expires Dec 27, 1969

(Seal)

Signed Ella P. Monteer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

811 State St. Weiser Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 10-15-65. nm

Weiser, Idaho High School ~~Record~~/ Diploma, dated May 22, 1940 gives full name as Everett H. Monteer - viewed by V.S.

Honorable Discharge from U.S. Army, Sept. 25, 1945 gives full name as Everett H Monteer - viewed by V.S.

1117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315723-044-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 648 Butterfield

Hospital

Registration District No. 16

Primary Registration District No. 1010

File No. 83087

Registered No. 68

FULL NAME OF CHILD David William Canham Jr.

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	and 2	Yes	7 23 1920

FATHER	MOTHER
FULL NAME: David William Canham	FULL MAIDEN NAME: Lula Evelyn Harris
RESIDENCE: Mineral, Idaho	RESIDENCE: Mineral, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Oregon
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 3 1920 W. R. Hamilton
M. L. N. Registrar

S-Y-CO 38071

1116

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-24-04K-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 1107 State St.

Hospital

Registration District No. 86

Primary Registration District No. 1010

File No. 83088

Registered No. 69

FULL NAME OF CHILD Harriet Jean Shirley West

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	# (To be answered only in event of plural births)	4	Yes	7 14 1920

FATHER	MOTHER
FULL NAME: William Louis West	FULL MAIDEN NAME: Francis
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: California
OCCUPATION: Telegraphe	OCCUPATION: House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.20 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Aug 3 1920 W. L. P. Hamilton
M. L. H.
Registrar

S-Y-CO 38071

962-104-044-613

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 6 6 File No. 83089

No. ..... St.

Primary Registration District No. 2112 Registered No. 70

Hospital .....

FULL NAME OF CHILD Gilbert Axtell Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 4 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gilbert Robertson	Alena Watson
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	Caucasian	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	California	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton (M.D.)

Physician (Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Aug 13 1920 W. R. Hamilton Registrar

M. D. A.

OCT 14 1946

693-211-044-632

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 83090

No. ..... St.

Primary Registration District No. 2112 Registered No. 71

Hospital .....

FULL NAME OF CHILD Martha Eugenia Williams

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clifford Williams	FULL MAIDEN NAME	Martha Olson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D. (M.L.H.)

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Weiser Idaho.

Filed Aug 13 1920 W. R. Hamilton Registrar

M. L. H.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1958
OCT 16 1958
MAY 31 1973

DECEASED

43-210 C84-284

PLACE OF BIRTH

AMENDED - AUGUST 26, 1949 -

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 83091

Primary Registration District No. 1010 Registered No. 72

FULL NAME OF CHILD Margaret D. McAuley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 10 1920

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	R. P. McAuley	Christina Syme
RESIDENCE	Weiser, Idaho	Weiser, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Kansas	So. Dakota
OCCUPATION	Clerk	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) W. R. Hamilton, M. D.

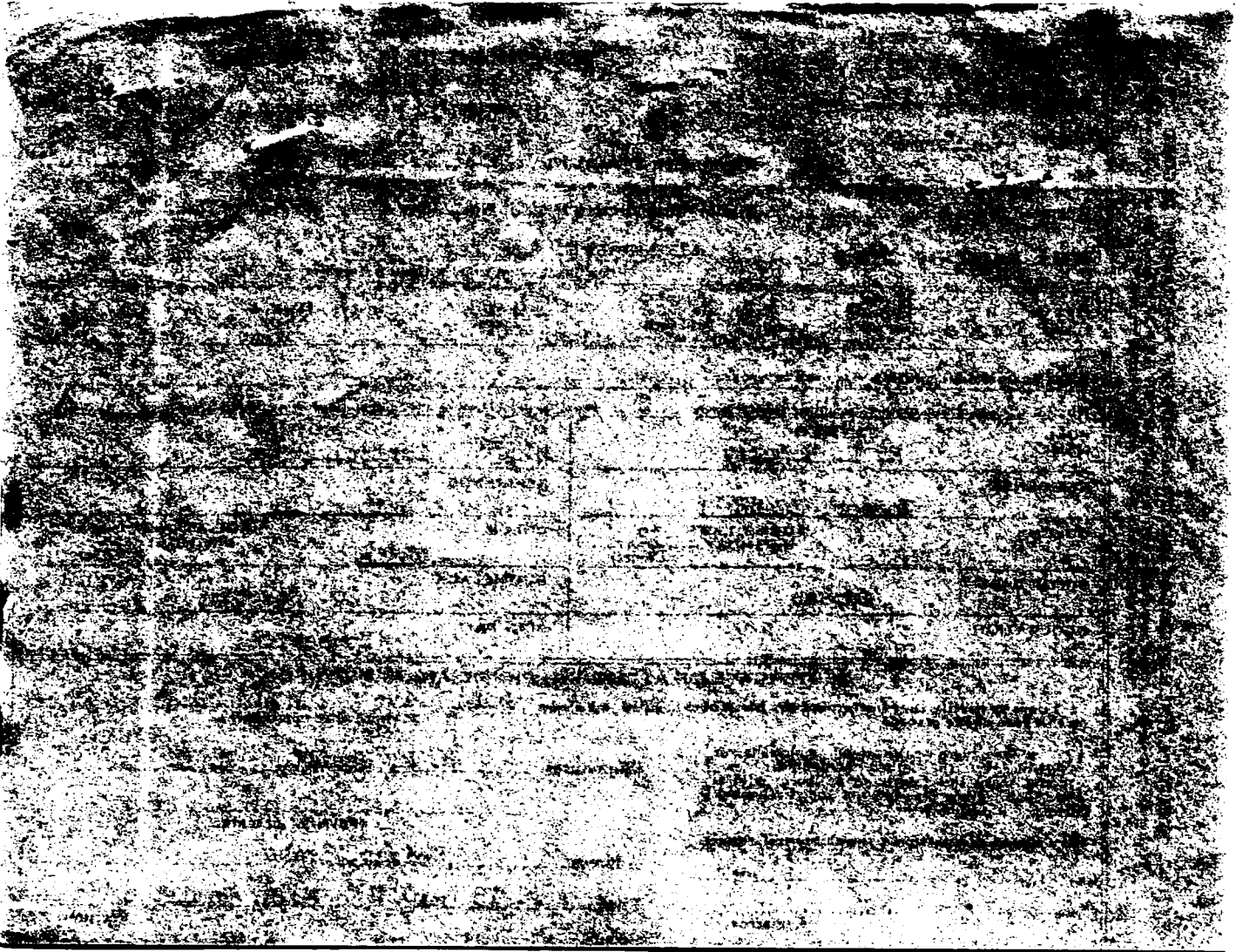
(Physician or midwife)

Address Weiser, Idaho

Filed Aug. 13 1920 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Washington

Certificate No. 83091

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret E. McAuley (Name on Original Certificate) who born (Was Born or Died) on July 10, 1920 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by - - - - - - - - - - (Bible Record, Insurance Policy, Etc.) prepared on - - - - - - - - - - - - - - - - (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
middle initial	E	Margaret D.McAuley

Subscribed and sworn to before me this 25th
day of August, 19 49.
Frank W. Jaeger
Notary Public, residing at Weiser, Idaho
My commission expires March 1, 1953
(Seal)

Signed Christena McAuley (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
619 East Second St., Weiser, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }ss.
County of Washington

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of August, 1949
Frank W. Jaeger
Notary Public, residing at Weiser, Idaho
My commission expires March 1, 1953
(Seal)

Signed Robert F. McAuley (father)
(Signature of Any Credible Person Other Than Previous Year)
619 East Second St., Weiser, Ida.
(Street Address, City, State)

AUG 1 1967

AUG 26 1949

248-211-044-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 86 File No. 83092

Primary Registration District No. 1010 Registered No. 73

FULL NAME OF CHILD Leslie Vivian Smyth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	8 11 1920

FATHER	MOTHER
FULL NAME: Harry L. Smyth,	FULL MAIDEN NAME: Edna Ohrner,
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Morehead Minn.	BIRTHPLACE: New Rockford N. Dakota
OCCUPATION: Mgr. lumber Co.	OCCUPATION: House wife.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Ernest O. Finney

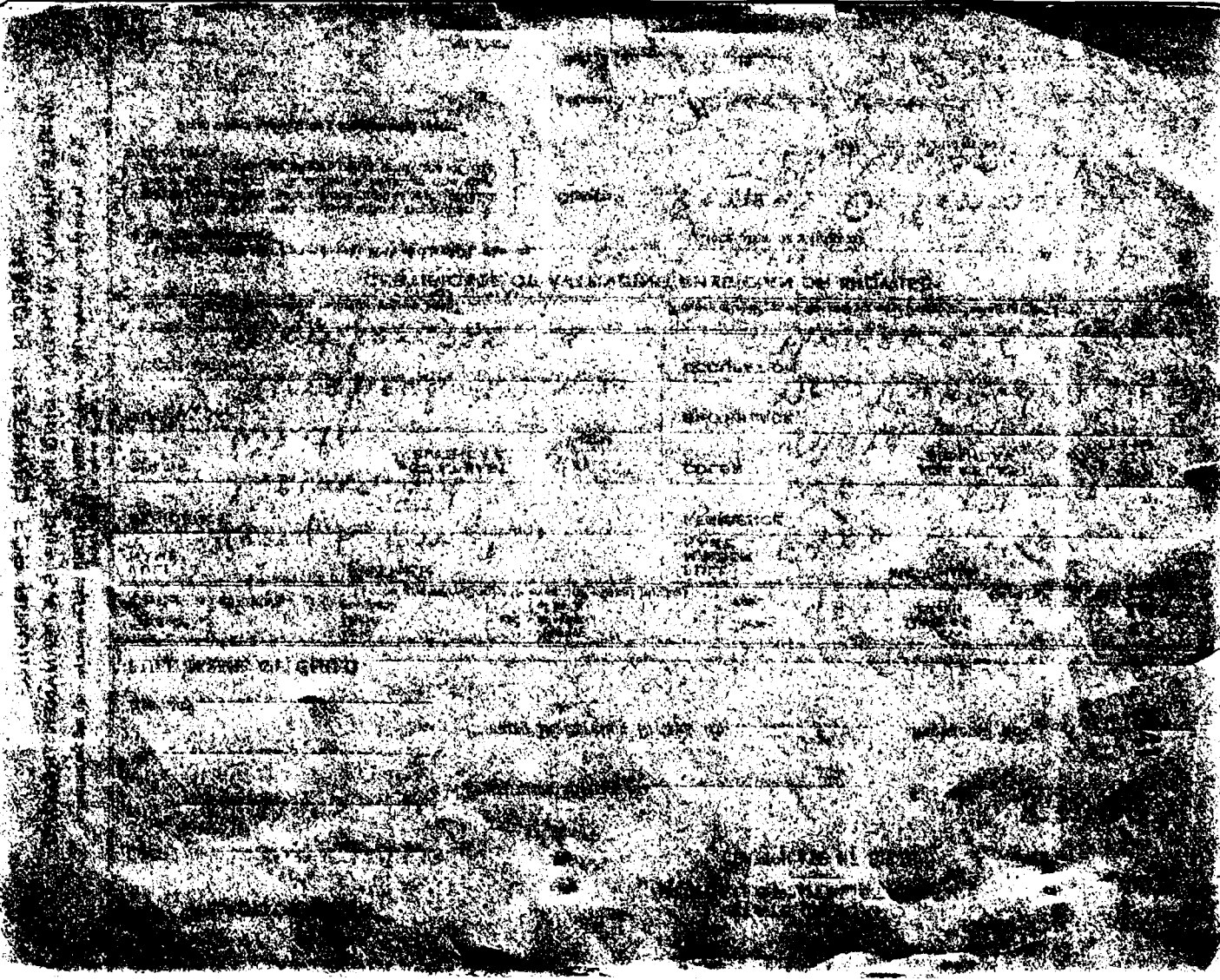
Physician
(Physician or midwife)

Address Weiser Idaho

Filed Aug 13 19 20 W. R. Hamilton Registrar

M. L. H.

S-Y CO. 24655



469-208:044-249

PLACE OF BIRTH

AMENDED - MARCH 10, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86 File No. 83093

Hospital ____ Primary Registration District No. 2112 Registered No. 74

FULL NAME OF CHILD Margaret Mae MORRISON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	7 8 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Morrison	FULL MAIDEN NAME	Maude Belle Smith
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Crawford, Nebraska	BIRTHPLACE	Lentner, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:10 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) Ernest O. Finney

Physician
(Physician or midwife)

Address Weiser, Idaho

Filed Aug. 13 1920 W. R. Hamilton
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Multnomah } ss.

Certificate No. 83093

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace	Lentuer, Nevada	wrong spelling Lentuer, Missouri
		LENTNER, MISSOURI

Subscribed and sworn to before me this 8th day of March, 1949

Notary Public, residing at NOTARY PUBLIC FOR OREGON
My commission expires My Commission expires Oct. 28, 1949
(Seal)

Signed Maud Smith Morrison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

233 N.E. Holladay St Portland Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of March, 1949

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person)

_____
(Street Address, City, State)

MAR 20 1949

SEP 12 1952

294.209.044-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 **File No.** 83094

No. _____ *St.*

Primary Registration District No. 2112 **Registered No.** 75

Hospital _____

FULL NAME OF CHILD Geraldine Lorena Bruce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	7 9 1920

FATHER		MOTHER	
FULL NAME	Walter Wallace Bruce	FULL MAIDEN NAME	Lucy M. Lovelace
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Corydon Ind.	BIRTHPLACE	New York City N. York.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ *Registrar*

Address Weiser Ida

Filed Aug 13 1920 W. R. Hamilton *Registrar*

M. Lott

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 19 1948

DEC 18 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-103-044-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 83095

Primary Registration District No. 2112 Registered No. 76

FULL NAME OF CHILD Charles Mahlon Murphy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	8 3 1920

FATHER	MOTHER
FULL NAME: Charles Doyle Murphy	FULL MAIDEN NAME: Ulla Belle Cole
RESIDENCE: Weiser Idaho	RESIDENCE: Weiser
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Harrison Ark.	BIRTHPLACE: Tecumseh Mo.
OCCUPATION: Machinist	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12:20 P.M.

(Signature) Ernest O. Zimmey

Physician (Physician or midwife)

Address Weiser Idaho

Filed Aug 13 19 20 W. P. Hamilton Registrar

M. L. N.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

AUG 16 [illegible]

c.c. 5/13/41. w.h.

FEB 16 1943

JUN 30 1950

419-103-044-363

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 8 6

File No. 83096

No. ____ St.

Primary Registration District No. 5112

Registered No. 77

Hospital ____

FULL NAME OF CHILD Laurence Belden Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8 8 1920

FATHER	MOTHER
FULL NAME Roy Martin	FULL MAIDEN NAME Blanch May Cochrane
RESIDENCE Weiser Idaho	RESIDENCE Weiser Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Baylis Ill.	BIRTHPLACE Wellsburg Penn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 P. M. on the date above stated.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address Weiser Idaho

Filed Aug 13 19 20 W. R. Hamilton Registrar

M. L. H.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 3, 1941. E.W.

1118

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-5-220-244-459

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Nth. 7th. St. W St.

Registration District No. 86 File No. 83097

Primary Registration District No. 2112 Registered No. 78

Hospital

FULL NAME OF CHILD Velma May Seeliger

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	# (To be answered only in event of plural births)	6	Yes	8	20	1920

FATHER	MOTHER
FULL NAME: Henry R. Seeliger	FULL MAIDEN NAME: Della Meinecke
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Oregon
OCCUPATION: Truck Driver	OCCUPATION: House-wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley M.D.

(Physician or midwife)

Address Weiser, Idaho

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 8-25 1920

W. R. Hamilton
by D.H.
Registrar

S-Y-CO 38071

SEP 9 1952

154-221-044-863

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 83098

No. ..... St.

Primary Registration District No. 2112 Registered No. 79

Hospital .....

FULL NAME OF CHILD Wilma Marie Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert W. Anderson	FULL MAIDEN NAME	Emma J. Holland
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 noon on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Weiser Ida

Filed Sept 3 1920 W. R. Hamilton Registrar

M. L. H

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 194-

1115

863-210-044-954

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 924 E. 5th. *St.*

Registration District No. 86

File No. 83099

Primary Registration District No. 101

Registered No. 80

Hospital Marjorie

FULL NAME OF CHILD ~~Edna~~ Elizabeth Yockey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	#	4	Yes	7 (Month) 10 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee P. Yockey	FULL MAIDEN NAME	Elizabeth Reugh
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Miller	OCCUPATION	House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser, Idaho.

19

Filed Sept 3 1920 W. R. Hamilton M.R.H

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1943

386-105-044-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. E Second St.

Registration District No. 86 File No. 83100

Primary Registration District No. 1010 Registered No. 81

Hospital

FULL NAME OF CHILD ~~Gerald~~ MAX ~~Erwin~~ ELVIN Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 5 1920

FATHER		MOTHER	
FULL NAME	Wyatt C. Thomas	FULL MAIDEN NAME	Mabyn Rice
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Nebr
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed Sept 4 1920 W. R. Hamilton Registrar

M. L. H

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO OCT 13 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of San Francisco } ss.

Certificate No. 83100

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~) for Gerald Erwin Thomas (Name on Original Certificate) who was born (Was Born or ~~Died~~) on August 5- 1920 (Date of Event) in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gerald Erwin	Max Elvin Thomas

Subscribed and sworn to before me this 7th day of October, 1942

Notary Public, residing at San Francisco

My commission expires August 16-1943

(Seal) NOTARY PUBLIC
In and for the City and County of San Francisco, State of California.

Signed Mrs. Harry Fontana (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs Harry Fontana
121-a-Liberty San Francisco Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

State of California }
County of San Francisco } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 1942

Notary Public, residing at San Francisco

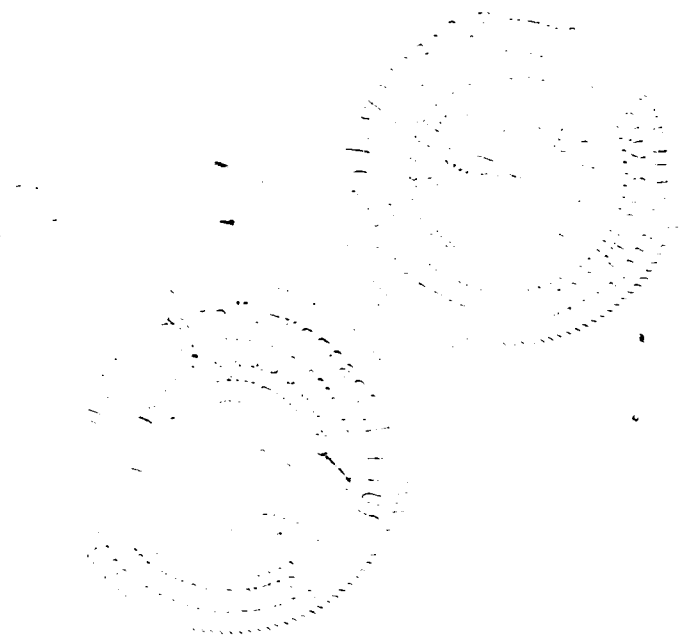
My commission expires August 16-1943

(Seal) NOTARY PUBLIC
In and for the City and County of San Francisco, State of California

Signed Harry Fontana
(Signature of Any Credible Person Other Than Previous Year)

121 A Liberty St.
San Francisco, Cal.
(Street Address, City, State)

OCT



215-044-895

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 83101

Primary Registration District No. 2112 Registered No. 82

FULL NAME OF CHILD DOROTHY ADESSA Woodland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ed E. Woodland	FULL MAIDEN NAME	Nellie Hindman
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Weiser Idaho

Filed Sept 4 1920 W. R. Hamilton Registrar

M. L. H

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-39

STATE OF [illegible]
BUREAU OF [illegible]

CERTIFICATE OF BIRTH

[redacted]

PLACE OF [illegible]

County of [illegible]

City of [illegible]

No. [illegible] St.

Registration District No. [illegible] File No. 83101

Primary Registration District No. 2113 Registered No. [illegible]

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 83101

Date Filed Apr

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Dorothy Adessa Woodland (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 10, 1920 (DATE OF EVENT)
in Weiser, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Woodland	Dorothy Adessa Woodland

Subscribed and sworn to before me this 10th day of April, 19 42

Notary Public, residing at Weiser

My commission expires 9-10-43
(SEAL)

Signed Mrs Ed Woodland
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Weiser, Idaho, Route #4
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 19 42

Notary Public, residing at Weiser

My commission expires 9-10-43
(SEAL)

Signed Elsie Weiser
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Weiser, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

315-222-044-466

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 83103

No. ..... St.

Primary Registration District No. 2112 Registered No. 84

Hospital .....

FULL NAME OF CHILD Eva Ruth Lanyon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Lanyon	FULL MAIDEN NAME	Josephine Moore
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed Sept 4 1920 W. R. Hamilton
Registrar

M. L. H

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1966

JUN 2 3 1943

957-128-044-355

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. N. 4th St.

Registration District No. 81 File No. 83104

Primary Registration District No. 2010 Registered No. 85

Hospital

FULL NAME OF CHILD Stanford Manley Ingram

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug 28 1920

FATHER		MOTHER	
FULL NAME	Henry Manly Ingram	FULL MAIDEN NAME	Edith Levander
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walchouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed Sept 4 1920 W. P. Hamilton Registrar

M. L. N.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1944

319-231-044-816

Form V. S. ~~No. 11-C~~-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 9th & E. Com St.

Registration District No. 86 File No. 83105

Primary Registration District No. 1018 Registered No. 86

Hospital

FULL NAME OF CHILD Martha Cary

Sex of Child	Twin ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	yes	Aug 31 1920

FATHER		MOTHER	
FULL NAME	Marion Jasper Cary (Deceased)	FULL MAIDEN NAME	Lucy Alena Hawks
RESIDENCE	Deceased	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wash	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed Sept 4 1920 W. R. Hamilton Registrar

M. L. H.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/26/40 L. B.

JUL 18 2018

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Washington)

AFFIDAVITS FOR CORRECTION OF A RECORD

Lucy A. Cary of Weiser, Idaho

Being first duly sworn, deposes and says that she is the Mother (if related, specify degree,

of Martha Cary
if friend or otherwise, so state)

who was born in the city of Weiser, County of Washington
(was born, died)

on the 31st day of August, 1920, as stated in a certificate of birth
birth or

filed by Dr. G. M. Waterhouse
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Weiser, County of Washington

Idaho, on the 4th day of September 1920.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Martha Cary Born Aug. 31, 1920

Time of birth 1:40 P. M., Father -- Marion J. Cary

Mother -- Alena Hawks

That affiant upon Her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Martha Cary Born August 31, 1920, ~~Mother~~ -- Father, Marion Jasper Ca

Time of Birth 11:55 P. M., Mother, Lucy Alena ~~Cary~~ Hawks

(SEAL)

Affiant Lucy A. Cary

Address Weiser Idaho

Subscribed and sworn to before me this 19th day of December 1940

Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Washington)

Clara Brown of Weiser, Idaho

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Clara Brown

Address Weiser, Idaho

Subscribed and sworn to before me this 19th day of December 1940

Frank D Ryan
Notary Public
Weiser Idaho

JUN 8 1960 (Seal)

314-201-044-816

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 8th & E. Com. St.

Hospital

Registration District No. 86

File No. 83106

Primary Registration District No. 1010

Registered No. 87

FULL NAME OF CHILD Mary Leary

Sex of Child	Twin ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	2	yes	Sept 1, 1920

FATHER		MOTHER	
FULL NAME	Marion J. Leary	FULL MAIDEN NAME	Palma Hawks
RESIDENCE	Deceased	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	~~Ill~~ Wash	BIRTHPLACE	Ill
OCCUPATION	was farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser Ida

Filed Sept 4 1920 W. R. Hamilton Registrar

M. L. 11

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 6 2018

11/26/40 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 21 1940

STATE OF Idaho)
) SS.
COUNTY OF Washington)

AFFIDAVITS FOR CORRECTION OF A RECORD

Lucy A. Cary of Weiser, Idaho

Being first duly sworn, deposes and says that he is the mother
(if related, specify degree,

of Mary Cary
if friend or otherwise, so state)

who was born in the city of Weiser, County of Washington
(was born, died)

on the 30, day of Aug., 19 20, as stated in a certificate of birth
birth or

filed by Dr. G. M. Waterhouse
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Weiser, County of Washington

Idaho, on the 4th day of September 19 20.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Mary Cary born -- August 30, 1920

Time of birth -- 11:55 P. M.

Marion J. Cary -- Father Alena Hawks -- Mother

That affiant upon Her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Mary Cary Born -- September 1, 1920

Mother -- Lucy Alena [illegible], Time of birth 1:40 P. M., Marion Jasper Cary, Father

(SEAL)

Affiant Lucy A. Cary

Address Weiser Idaho

Subscribed and sworn to before me this 19th day of December 19 40

Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Washington)

Clara Brown of Weiser, Idaho

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Clara Brown

Address Weiser, Idaho

Subscribed and sworn to before me this 19th day of December 1940

(Seal)

Frank D Ryan
Notary Public
Weiser Idaho

34410-044-168

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 83107

Primary Registration District No. 2164 Registered No. .....

Full Name of Child Harold Robert Ludwig

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		Yes	Feb 1 1920

FATHER		MOTHER	
FULL NAME	Harry Ludwig	FULL MAIDEN NAME	Myrtle Johnson
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmitz

(Physician or midwife)

Given name added from a supplemental report

..... 19...

Address Cambridge Idaho

Filed Feb 2 1920 [illegible]

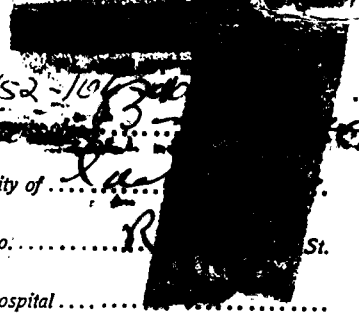
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4

APR 20 1983



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

452-10[redacted]

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Ida[redacted]

No. R[redacted] St.

Hospital [redacted]

Registration District No. 73 File No. 83108

Primary Registration District No. 2140 Registered No. 208

FULL NAME OF CHILD Don Carlos Messervy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard Messervy	FULL MAIDEN NAME	Nora Trew
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Hooper Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Idaho Falls Ida.

Filed Aug 2 1920 W. Kennard

Registrar

DEC 29 1941

955-212-1010-434

PLACE OF BIRTH

County of Bannock

City of Salt Lake

No. ..... St.

Hospital St Anns

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

Registration District No. 73 File No. 83109

Primary Registration District No. 2140 Registered No. 207

FULL NAME OF CHILD ..... Katherine Etta Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 12 1920

FATHER		MOTHER	
FULL NAME	Thomas Reed	FULL MAIDEN NAME	Elizabeth McDonald
RESIDENCE	Lava Hot Springs Idaho	RESIDENCE	Lava Hot Springs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Roseville Ill	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farming	OCCUPATION	Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 9 30p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salt Lake City Utah

..... Registrar

Filed Aug 27 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6 9 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 12 2 44 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83109

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Reed (Name on Original Certificate) who was born (Was Born or Died) on Aug. 12, 1920 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Katherine Etta Reed

Subscribed and sworn to before me this 12th day of June, 19 72

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-76

(Seal)

Signed John H. Reed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3716 Camas Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Margaret Eileen Best born Dec. 4, 1953 in Boise, Idaho, Idaho State File No. 53-14887 gives mothers name as Katherine Etta Reed.
Viewed by VS

JUN 12 1972

Music Honorary Certificate , Sigma Alpha Iota- Sigma Feta Chapter dated as of March 17, 1939 gives name as Katherine Etta Reed.
Viewed by VS

219-207-010-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D #1 St.

Hospital

Registration District No. 73 File No. 83110

Primary Registration District No. 2150 Registered No. 206

FULL NAME OF CHILD Edith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	8 7 1920

FATHER		MOTHER	
FULL NAME	Theodore Barzes	FULL MAIDEN NAME	Mary Watters
RESIDENCE	Reno Idaho	RESIDENCE	Reno Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Salina Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Address Iona Idaho

Registrar

Filed Aug 21 1920 W Fernand Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920 350 779

not

132-130-010-962

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D 5 St.

Registration District No. 73 File No. 83114

Primary Registration District No. 2130 Registered No. 202

Hospital

FULL NAME OF CHILD Donald L. Albertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	6 30 1920

FATHER		MOTHER	
FULL NAME	Frances Albertson	FULL MAIDEN NAME	Elisabeth Robbinson
RESIDENCE	Idaho Falls R F D 5	RESIDENCE	Idaho Falls R F D 5
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs R W Domming

(Physician or midwife)

Address Iona Idaho

Filed Aug 21 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1945

366-101-010-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D 5 St.

Registration District No. 73 File No. 83115

Primary Registration District No. 21-0 Registered No. 201

Hospital

FULL NAME OF CHILD Glen Franklin Cook

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 1 1920

FATHER		MOTHER	
FULL NAME	Franklin Cook	FULL MAIDEN NAME	Anna Haroldsen
RESIDENCE	Idaho Falls R F D 5	RESIDENCE	Idaho Falls R F D 5
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wallingford Ky	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1-7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife
(Physician or midwife)

Address Iona

Given names added from a supplemental report.

19

Registrar

Filed Aug 2, 19 [redacted] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-210-
026-819

PLACE OF BI[redacted]

name added 6-23-83

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Louisville

No. _____ St.

Hospital _____

Registration District No. 73 File No. 83116

Primary Registration District No. 2150 Registered No. 200

FULL NAME OF CHILD Inga Cecelia Lindstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7 10 1920

	FATHER		MOTHER
FULL NAME	John Lindstrom	FULL MAIDEN NAME	Elenor Haroldsen
RESIDENCE	Louisville	RESIDENCE	Pinnacle Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ray [illegible] (~~Born alive or stillborn~~), at 10 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife
(~~Physician or~~ midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Iona Idaho

Filed Aug 27 1920 W [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-6-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JAN 18 1983
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of [illegible] } ss.
County of [illegible]

Certificate No. 83116
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Lindstrom (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 10, 1920 (Date of Event)
in Lewisville (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Unnamed	Inga Cecelia Lindstrom

Subscribed and sworn to before me this 10th day of January, 1983.
Notary Public [illegible]
Residing at Idaho Co. 83201
My commission expires My Commission Expires Mar. 16, 1985
(Seal)

X Inga Cecelia Lindstrom
Signature of Applicant
Rt. 6 Box 172 Idaho Falls, Ida. 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of [illegible] } ss.
County of [illegible]

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 1983.
Notary Public [illegible]
Residing at Idaho Co.
My commission expires My Commission Expires Mar. 16, 1985
(Seal)

Russell Piper
Supporting Signature
4639 E. McLellan Mesa, Arizona 85205
Street Address, City, State

lee pd

Certificate of baptism from LDS Church gives Inga Cecelia Lindstrom born July 10, 1920 in Lewisville, Idaho to John M Lindstrom and Eleanor Haroldsen and was baptised 8-4-28. Viewed by V.S.

JUN 28 1983

Marriage Certificate from State of Utah gives Clayton S DaBell and Inga Cecelia Lindstrom were married Nov 3, 1941. Viewed by V.S.

993-126-210-942

Amended June 11, 1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83117
Local Reg. No. 199
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: RFD 2

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonneville

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Idaho Falls

d. STREET ADDRESS (If rural, give location): RFD 2

3. CHILD'S NAME (Type or print)

a. (First): Elbert b. (Middle): Loraine c. (Last): Ritchie

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	July 26, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Squire b. (Middle): c. (Last): Ritchie

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Iona, Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Edna b. (Middle): Floretta c. (Last): Russell

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16 YEARS	Iona, Idaho	0		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. R. W. Denning

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Iona, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Aug 21, 1920

22. REGISTRAR'S SIGNATURE: W. Kinnard

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

CK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST BE filed with the ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 25 1968
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 83117

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Richie (Name on Original Certificate) who was born (Was Born or Died) on July 26, 1920 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Elbert Loraine Ritchie
Name of Father	Squire Richie	Squire Ritchie

Subscribed and sworn to before me this 24th day of March, 19 69

Notary Public, residing at Idaho Falls, Idaho

My commission expires 17 March 1970

(Seal)

Signed Mrs. Edna F. Ritchie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1170 Broadway Ave. Idaho Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 19 69.

Notary Public, residing at Idaho Falls, Idaho

My commission expires 17 March 1970

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

1115 Broadway Ave. Idaho Falls, Ida.
(Street Address, City, State)

FORM DH 60-155

CL. 3-13-69

Certificate of Baptism and Confirmation dated Oct. 2, 1932 gives name of father as Squire C. Ritchie. Certificate is for Elbert Lorraine Ritchie. Viewed by V. S.

Copy of marriage certificate dated Dec 16, 1939, Jefferson County, Idaho gives name as Elbert Ritchie viewed by V.S.

Own child's birth certificate, Idaho #297074, gives name as Elbert Loraine Ritchie.

233-127-010-249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 21-0

File No. 83118

Registered No. 19

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1920 (Year)
Male				Yes	7	27	

FATHER		MOTHER	
FULL NAME	Edwin St Clair	FULL MAIDEN NAME	Evelene Burrows
RESIDENCE	Iona Idaho	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Tooele Utah	BIRTHPLACE	England
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Twins (Born alive or stillborn), at 8 53 A M. on the date above stated.

(Signature) Mrs R W Denning

Midwife

(Physician or midwife)

Address Iona Idaho

Filed Aug 21 19 20 W Freeman Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-207-010-455

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73

File No. 83121

No. ____ St.

Primary Registration District No. 21-10

Registered No. 191

Hospital ____

FULL NAME OF CHILD Mary D Hain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	3 9 1920

FATHER

FULL NAME: Joseph Lion Hain

RESIDENCE: Ozone

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Dunlap Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Martha Demming

RESIDENCE: Iona

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Iona Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or ~~stillborn~~), at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

(Signature) Mrs R W Demming

Midwife

(~~Physician or~~ midwife)

Address Iona Idaho

Filed Aug 21 19 20

Registrar

Registrar

JUL 16 1970

JAN 15 1975

1976

S. -205-010-195

PLACE OF BIRTH
Amended 7-18-78

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 83122

No. ..... St.

Primary Registration District No. 21 J-0 Registered No. 194

Hospital .....

FULL NAME OF CHILD MARCIA INGER NELSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Martin Nelson	FULL MAIDEN NAME	Alice Ainsworth
RESIDENCE	Iona Idaho	RESIDENCE	Iona Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Salt Lake City
OCCUPATION	Black Smith	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife
(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Iona Idaho

Filed Aug 21 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8 27 71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS 2 24 PM '78

State of ..... } ss.
County of .....

Certificate No. 83122

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Nelson (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1920 (Date of Event) in Iona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Nelson	Marcia Inger Nelson
Birthdate	March 6, 1920	March 5, 1920

Subscribed and sworn to before me this 18th day of July, 1978

Florence Curtright

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Gary F. Lasser

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Birth issued by the L.D.S.Church gives name as Marcia Inger Nelson born March 5, 1920, in Iona, Idaho to Martin Nelson and Alice Ainsworth. Recorded in Bingham Stake, Iona Ward, Rocord of Births and Blessings 1920 Page 1262 Line 1043 Recorded May 2, 1920
Viewed by V.S.

Sunset Life Ins. Company of America gives name as Marcia Inger Nelson Sasser born March 5, 1920 in Iona, Idaho. Policy issued December 11, 1952, in Boise, Idaho
Policy # 18709
Viewed by V.S.

455-214-
462

010- PLACE OF BIRTH

[redacted] m V. S. No. 11-C—25m-7-21-19

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ionia Registration District No. 73 File No. 83123

No. ..... St. Primary Registration District No. 210 Registered No. 193

Hospital ..... Connie

FULL NAME OF CHILD [redacted] Grace Denning

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female				Yes	3	14	20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jedediah Denning	Cornelia Moss
RESIDENCE	Ionia	Ionia
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	W Gunning	St. George Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Mrs R W Denning

(Physician or midwife)

Address Ionia Idaho

Filed Aug 21 19 20 [redacted]

Registrar

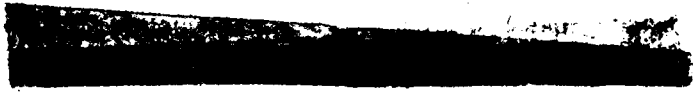
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Correction made from Baptismal Record 8-7-44

AUG 7 1944



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-215-010-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 83124

No. ____ St.

Primary Registration District No. 210 Registered No. 192

Hospital ____

FULL NAME OF CHILD Anne Izola Haroldsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1920 (Year)
Female			Yes	3	16	

FATHER		MOTHER	
FULL NAME	Rhuben Haroldsen	FULL MAIDEN NAME	Mary Gardner
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Jonas Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 8.20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Deming

Midwife (Physician or midwife)

Given names added from a supplemental report. ____ 19____

Address Jonas Idaho

Filed Aug 21 1920

Registrar

Registrar

415-111-201-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended June 16, 1959

County of Ada

City of

No. Valley View School District

Hospital

Registration District No. 8

Primary Registration District No. 2044

File No. 83125

Registered No. 63

FULL NAME OF CHILD Everett E. Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes.	Aug 11 1920

FATHER

FULL NAME James J. Davis

RESIDENCE Valley View School Dist

COLOR White

AGE AT LAST BIRTHDAY 24. (Years)

BIRTHPLACE Idaho.

OCCUPATION farmer.

MOTHER

FULL MAIDEN NAME Bertha M. Patrick

RESIDENCE Valley View School Dist

COLOR White

AGE AT LAST BIRTHDAY 18. (Years)

BIRTHPLACE Idaho.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 20 P M. on the date above stated.

(Signature) Dr John Boeck

(Physician or midwife)

Address 303 Mc Carty Bldg.

Filed Aug 27 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Oregon Mutual Life Insurace Company Policy, dated August 14, 1934, gives name as Everett Ervin Davis, viewed by V.S.U.S. Army Honorable Discharge record, dated July 6, 1946, shows name as Everett E. Davis, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 83125

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Not Named Davis (Name on Original Certificate) who Was born (Was Born or Died) on August 11, 1920 (Date of Event)

in Ada Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Not Named Davis	Everett E. Davis

Subscribed and sworn to before me this 16 day of June, 1959

Hazel L. Hurlbert
Notary Public, residing at Eagle Ida
My commission expires Sept. 28, 1960
(Seal)

Signed James J. Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Emmett Idaho Box 21
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

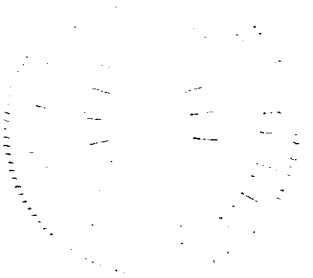
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155

JUN 16 1959



657-102

[redacted] orm V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

001-847

County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of ..... Registration District No. 7 File No. 83127

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marion William Fease

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 - 2 - 1920

	FATHER	MOTHER
FULL NAME	Irvin William Fease	FULL MAIDEN NAME Nannie Sophia Hughes
RESIDENCE	Nellba, Ida — 4½ mi S.E.	RESIDENCE Nellba, Ida — 4½ mi. S.E.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Missouri.
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 15 a. M. on the date above stated.

(born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

Nellba Idaho

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

Filed Oct. 9 1920 Pearle Dodds Registrar

[redacted]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/10/41 L. B.

AUG 21 1942

396-226 [redacted] Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

001-285

County of Ada

City of Star

Registration District No. 9 File No. 83179

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Della Marie Crother CROWTHER

Sex of Child F M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug (Month) 16 (Day) 1920 (Year)

FATHER CROWTHER		MOTHER	
FULL NAME	Earl Crother	FULL MAIDEN NAME	Ollie Maud Shelton
RESIDENCE	Star Ida	RESIDENCE	Star Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Harbor

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) A W Hall MD

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

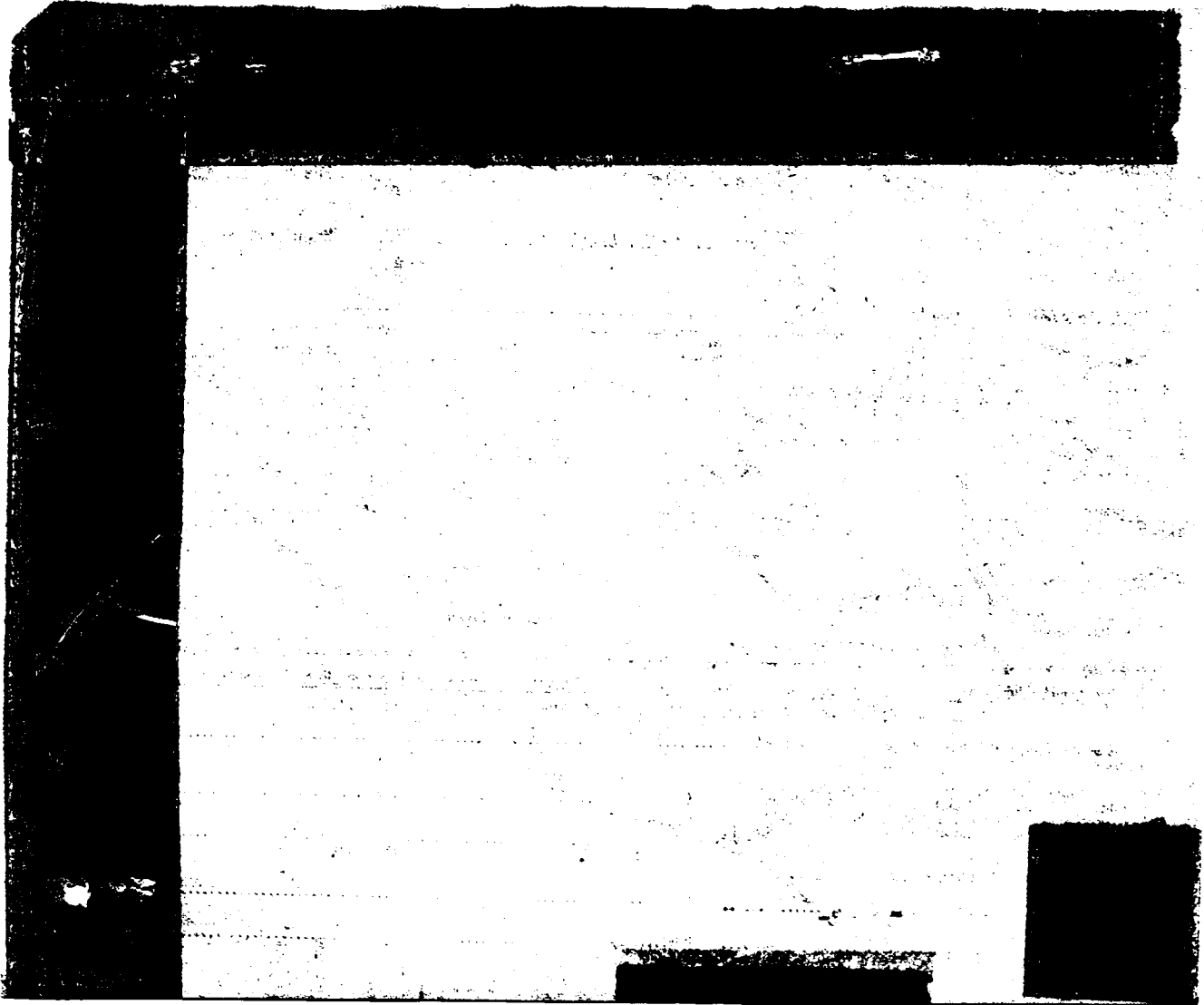
Address Star Idaho

Filed Oct 6 1920 Frederic K. Lewis Registrar

[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S-Y CO. 24648



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 28 Certificate No. 83128
County of Gem } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Della Marie Crother (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug 26 - 1920 (DATE OF EVENT) in Star, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug 26 - 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Della Marie Crother	Della Marie Crowther
father's name	Earl Crother	Earl Crowther
		(MOTHER)

Subscribed and sworn to before me this 27 day of Jan, 1942

Signed Ollie Maude Powell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Emmett, Ida
My commission expires Nov. 20, 1944
(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

697-2[redacted]-203-295

PLACE OF BIRTH

[redacted] 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 28½ File No. B3129

No. ..... St.

Primary Registration District No. 2161 Registered No. 5311

Hospital .....

FULL NAME OF CHILD Violet Merle Orgill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Mar 22 1920

FATHER

FULL NAME Sam Orgill

RESIDENCE McCammon, Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Paradise, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle Kinney

RESIDENCE McCammon, Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE New Mexico

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:00 A.M. (Born alive or stillborn) on the date above stated.

(Signature) Hilary J. McDill

M. D. McCammon, Ida (Physician or midwife)

Address .....

Filed 9-21 19 20 J. H. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

[redacted]

JUL 19 1960

JUN 15 1943

419-205-003-918

PLACE OF BIRTH

Form V. S. No. 41-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83130

County of Bannock

City of McCammon

Registration District No. 28 File No. 62

No. ..... St.

Primary Registration District No. 2161 Registered No. 3312

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	June (Month) 5 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Wilford W. Marley	FULL MAIDEN NAME: Ione Clarinda Raymond
RESIDENCE: McCammon, Ida	RESIDENCE: McCammon, Ida
COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McAdd

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Registrar

Filed 9-21 1920 J. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-114:003-859

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 284 File No. 12 83131

No. Name added 6-17-81 St.

Primary Registration District No. 2161 Registered No. 338

Hospital

FULL NAME OF CHILD Bernell L. Bristol

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				Yes	June 14 1920

FATHER	MOTHER
FULL NAME Charles W. Bristol	FULL MAIDEN NAME Anna Hermansen
RESIDENCE McCammon, Ida.	RESIDENCE McCammon, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Utah	BIRTHPLACE Denmark
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) Wilson J. McDonald
Physician & Surgeon
(Physician or midwife)

Address McCammon

Registrar

Filed 9-21 1920

J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-27-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 14 10 00 AM '81

State of IDAHO
County of BANNOCK } ss.

Certificate No. 83131
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bristol (Name on Original Certificate) who was born (Was Born, Died, etc.) on 6-14-20 (Date of Event)

in McCammon (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Bernell L. Bristol

Subscribed and sworn to before me this 10th day of April, 1981.
Notary Public, Douglas L. Hale
Residing at Pocatello, Idaho.
My commission expires LIFETIME
(Seal)

Bernell Lennard Bristol
Signature of Applicant
Box 193K, Route 2, Hawkins Road
Pocatello, Idaho.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1981.
Notary Public, Douglas L. Hale
Residing at Pocatello, Idaho.
My commission expires LIFETIME
(Seal)

Arthur H Bristol
Supporting Signature
235 Hoffman Ave
Street Address, City, State

1 cc pd

Union Pacific Railroad Certificate of Apprenticeship located in Pocatello ID dated September 19, 1946 showes name as Bernell Lemar Briston and classified him as boilermaker.

A Simplot certificate showing 20 years employment from 1957 to 1978 showes name as Bernell L. Bristol, awarded January 18, 1978

JUN 18 1981

855-130-003-266

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83133

County of Bannock

City of McCammon, Ida Registration District No. 28# File No. 6

No. ..... St.

Primary Registration District No. 216 Registered No. 3316

Hospital .....

FULL NAME OF CHILD Marlin Lemoel Hendricks

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				Yes	June 30 1920

FATHER

FULL NAME Lemoel Petty Hendricks

RESIDENCE Lava Hot Springs

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Selma Bower

RESIDENCE Lava Hot Springs, Ida

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wilson J McDill

Physician & Surgeon
(Physician or midwife)

Address McCammon

Filed 9/21 1920

J. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83133

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Marlin Lenoel Hendricks (Name on Original Certificate) who was born (Was Born or Died) on June 30, 1920 (Date of Event)
in Lava Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Martin Lenoel Hendricks
Marlin Lenoel Hendricks		

Subscribed and sworn to before me this 4th day of May, 1944

Notary Public, residing at Cokeville, Wyo.

My commission expires April 20, 1944
(Seal)

Signed Mrs L. P. Hendricks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

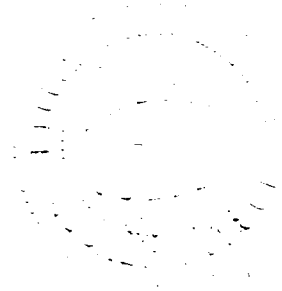
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)



MAY 8 1943

437-121-003-792

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

of Bannock

Downey, Ida

St.

al

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28

File No. 83134

Primary Registration District No. 2161

Registered No. 3317

NAME OF CHILD Freeman McCrary

boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth June 21 (Month) (Day) 1920 (Year)

FATHER	MOTHER
John C McCrary	FULL MAIDEN NAME Acel Gibbs
ENCE Downey, Ida	RESIDENCE Downey, Ida.
R White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Portage, Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson J. McDill
Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

19

Address McCammon

Filed 9/21 1920

J. R. Young Registrar

Registrar

G-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in

DEC 13 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville

Certificate No. 85134

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Freeman McCrary (Name on Original Certificate) who Born (Was Born or Died) on June 21,1920 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on or about July 1,1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Freeman McCrary
birthdate	July 7-, 1920	June 21, 1920

Subscribed and sworn to before me this 12th
day of December, 19 44.

Notary Public, residing at Idaho Falls, Idaho
My commission expires Feb. 3rd, 1948
(Seal)

Signed Cecil Edwina Gubbs McCrary
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Monteview, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 16 1944

592-212-003-964

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon, Ida

Registration District No. 28 F

File No. 83135

No. ..... St.

Primary Registration District No. 2141

Registered No. 3318

Hospital .....

FULL NAME OF CHILD MARVA GRACE LISH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	July (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Albert Ray Lish	FULL MAIDEN NAME	Laura Grace Rowriell
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:2[illegible] on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill
Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Filed 9/21 1920 J. L. Young Registrar

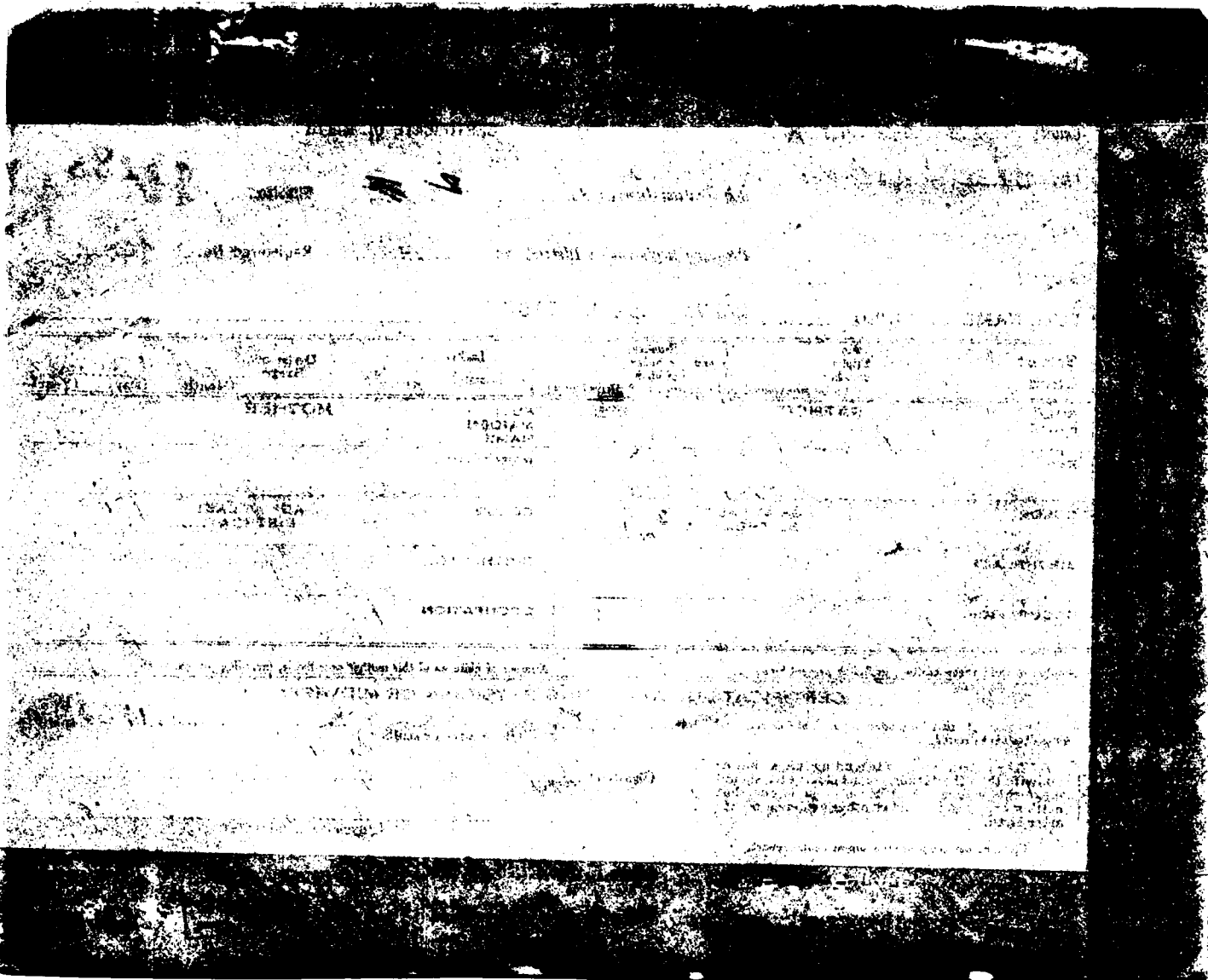
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
MAR 15 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif. } ss.
County of Los Angeles }

Certificate No. 83135
Date Filed Dec. 7 - 56

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 12, 1920 (Date of Event) in McCammon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on Aug. 1 - 1920 (Give Date), are: Child's birth certificate, File # 259725 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child Is Name	Unnamed	Marva Grace Lish
July 12, 1920		
Marva Grace Lish		Marva Grace Lish

Subscribed and sworn to before me this 7 day of December, 1957

Notary Public, residing at Los Angeles Co. Calif.
My commission expires NOVEMBER 25, 1960
(Seal)

Signed Mrs Grace Stuart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5919 Mayflower Ave. Maywood, Calif. Apt C.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of March, 1957

Grace Bjorkline
Notary Public, residing at Pocatello, Ida.
My commission expires Aug. 3-1957
(Seal)

Signed Belva Lough
(Signature of Any Credible Person)

88 Cottonwood - Pocatello, Ida.
(Street Address, City, State)

FORM DPH 55. 155

MAR 21

819-174-003-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon, Ida

Registration District No. [illegible]

File No. 683136

No. ..... St.

Primary Registration District No. 2161

Registered No. 3319

Hospital .....

FULL NAME OF CHILD Isaac Melvin Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		Yes	July (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Orville W. Harris	FULL MAIDEN NAME	Hazel M. Davis
RESIDENCE	McCammon Ida	RESIDENCE	McCammon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson T. McDill

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Filed 9/21 1920

J. C. Young Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-219-003-863

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida. Registration District No. 284 File No. 83137

No. 507½ So Arthur St. Primary Registration District No. 2161 Registered No. 3320

Hospital

FULL NAME OF CHILD Not Named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dan Hurl	FULL MAIDEN NAME	Marie Holmes
RESIDENCE	507½ So Arthur	RESIDENCE	507½ So Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. [illegible]

Phy. (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Idaho

19

Filed 9/21 1920 J. R. Young

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-121-003-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83138

County of Bannock

City of McCammon, Ida

Registration District No. 28

File No. 63

No. ..... St.

Primary Registration District No. 2161

Registered No. 3321

Hospital .....

FULL NAME OF CHILD JOSEPH AMERICO Marinoni

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	July 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Marinoni	FULL MAIDEN NAME	Marguerite Stabilini
RESIDENCE	Arimo, Ida	RESIDENCE	Arimo, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:15 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill

Physician & Surgeon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Filed 9/21 1920

J. R. Young Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of South Dakota }
County of Lawrence } ss.

Certificate No. 83138

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Americco Marinoni (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1920 (Date of Event) in Arimo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Americco Marinoni	Joseph Americo Marinoni

Subscribed and sworn to before me this 17 day of February, 1942

M. R. Fawcett

Notary Public, residing at Deadwood, S. Dak.

My commission expires May 12, 1942
(Seal)

Signed Andrea Marinoni Parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

156 Chas. St., Deadwood, S. Dak.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 28 1942

693-201-003-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Blaser

No. _____ St.

Hospital _____

Registration District No. 284

Primary Registration District No. 2161

File No. 83139

Registered No. 3322

FULL NAME OF CHILD Rosetta Williams

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth Aug (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Edward E. Williams	FULL MAIDEN NAME	Hazel May Reese
RESIDENCE	Blaser	RESIDENCE	Blaser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Crescent	BIRTHPLACE	Lava
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret E. Reese

(~~Physician~~ or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Blaser

Filed 9/21 1920 J R Young Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 23 1962

DECEASED

693-103-003-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83140

County of Bannock

City of Pocatello

No. 525 N. Harrison St.

Registration District No. 285 File No. 6 3

Primary Registration District No. 2161 Registered No. 3324

Hospital —

FULL NAME OF CHILD Arthur Hinton Wilkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Y	Aug. 3 1920

FATHER

FULL NAME Allen Wilkinson

RESIDENCE Pocatello Idaho

COLOR W AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Springfield Mo

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Marietta Tallman

RESIDENCE Same

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Jasper Mo

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Howard M.D.

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed 9/21 1920

J. H. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 19[illegible]

864404:003-495

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 456 S. Arth St.

Hospital Pocatello General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83141

Registration District No. 28 File No. 63

Primary Registration District No. 2161 Registered No. 3325

FULL NAME OF CHILD Alden Richard Houde

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Aug. 4 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alden A. Houde	FULL MAIDEN NAME	Emma Minshew
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Dallas Tex	BIRTHPLACE	Eureka N. C.
OCCUPATION	Barber	OCCUPATION	Hsewf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 1 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Pocatello Idaho

Registrar

Filed 9-21 1920 J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392-209-003-249

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83142

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 63

No. 707 W Wyeth St.

Hospital — Primary Registration District No. 216 — Registered No. 3326

FULL NAME OF CHILD Mary Helen Lish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 9 1920

FATHER		MOTHER	
FULL NAME	John V. Lish.	FULL MAIDEN NAME	Mary Smith
RESIDENCE	707 W. Wyeth.	RESIDENCE	707 W Wyeth.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Carl W Clark

Physician

(Physician or midwife)

Address 1 Cor Center & Main Pocatello Idaho

Filed 9/21 1920

J. H. Young
Registrar

AUG 4 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83143

County of Bannock

City of McCammon

Registration District No. 28 File No. 63

No. ..... St.

Primary Registration District No. 2161 Registered No. 3327

Hospital .....

FULL NAME OF CHILD Opal Laveda Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elwin Hall	FULL MAIDEN NAME	Ora Southworth
RESIDENCE	McCammon, Ida.	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill

Physician & Surgeon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon

Filed 9/21 1920 J. R. Young Registrar

..... Registrar

S-Y CO. 24658

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED AUG 4 - 1971

State of Idaho
County of ~~Bannock~~ Kootenai } ss.

Certificate No. 83143

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Hall- (Name on Original Certificate) who was born (Was Born or Died) on Aug. 11, 1920 (Date of Event) in McCammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Hall	Opal Laveda Hall

Subscribed and sworn to before me this 9th day of July 1971

Notary Public, residing at Coeur d' Alene, Idaho

My commission expires August 1, 1972

(Seal)

Signed Lucy Ona Orison (mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1328 Lewis Drive, Ogden, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1971

Notary Public, residing at Coeur d' Alene, Idaho

My commission expires August 1st, 1972

(Seal)

Signed Mrs Loval L. Hall Sister in-law

(Signature of Any Credible Person)

Rt. 3, Box 515, Coeur d' Alene, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 6/30/71 nm Bush

Membership record to the LDS Church gives name as Opal Laveda Hall Keller & daughter of Elwin Hall and Ora Loey Soothworth. Date of birth Aug. 11, 1920 at McCammon, Idaho. Was blessed Dec. 5, 1920, Baptized July 6, 1929. Viewed by V.S.

AUG 13 1971

[illegible]

Certificate of Baptism and Confirmation from LDS Church dated May 27, 1956 gives name as Clifford Barry Norton(Keller) son of Clifford W. Norton and Opal L. Hall. Born June 30, 1947 at Ogden, Utah. Was Baptized May 24, 1956. Viewed by V. S.

815-213-003-285

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1700. N. 1st Ave.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83144

Registration District No. 289 File No. 63

Primary Registration District No. 2161 Registered No. 3328

FULL NAME OF CHILD Laura Valie Hanna

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 13th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George C. Hanna	FULL MAIDEN NAME	Edna Shepherd
RESIDENCE	1700. N. 1st Ave.	RESIDENCE	1700 N. 1st Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Farm Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Cor Cent & Main Pocatello Idaho

Filed 9-21 1920

J R Young Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249.114.003-485

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

83145

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 28 ~~[illegible]~~ File No. 63

Primary Registration District No. 2161 Registered No. 3329

FULL NAME OF CHILD John William Bruce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Crawford Bruce	FULL MAIDEN NAME	Mary Alice Dyer
RESIDENCE	Pocatello. Ida	RESIDENCE	Pocatello. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Pittsburg. Pa	BIRTHPLACE	Adrian Mich.
OCCUPATION	Merchantile Business.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:25 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Diana Newton

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed 9/21 1921

J. P. Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-83167

356215

P. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

603-962

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83146

Registration District No. 284 File No. 63

Primary Registration District No. 2161 Registered No. 3330

FULL NAME OF CHILD Eva Fannie Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Ezekiel Lewis	FULL MAIDEN NAME	Eva Almira Robbinson
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McGill

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon

Filed 9/21 1920 J. P. Young Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

SEP 26 1942

955-11-2403-243

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83147

County of Bannock

City of Pocatello Registration District No. 18F File No. 63

No. 744 No Hayes St. Primary Registration District No. 2161 Registered No. 3331

Hospital 744 No Hayes

FULL NAME OF CHILD Howard William Iverson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Y	Aug. 17 1920

FATHER		MOTHER	
FULL NAME	Richard Iverson	FULL MAIDEN NAME	Venna Bullock
RESIDENCE	Arbon Idaho	RESIDENCE	Arbon Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Cache Valley Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed 9/21 19 20 J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Bannock } ss.
County of Idaho }

Certificate No. 83147

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Howard Wm. Iverson (Birth or Death)
for unamed Iverson (Name on Original Certificate) who born (Was Born or Died) on Oct (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mrs. Liza Infanger present attending birth (Bible Record, Insurance Policy, Etc.) prepared on ....., (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Iverson	Howard William Iverson

Subscribed and sworn to before me this 20th day of Oct, 1915

Notary Public, residing at Pocatello Idaho

My commission expires June 24, 1917

(Seal)

Signed mrs. Liza Infanger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

APR 27 1945

JAN 13 1976

366-217-003-315 name added 5-17-85 dl

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83148

County of Bannock

City of McCammon

Registration District No. 284 File No. 63

No. ..... St.

Primary Registration District No. 2161 Registered No. 3232

Hospital .....

FULL NAME OF CHILD Cherril Faye Lowry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Grant M. Lowry	FULL MAIDEN NAME	Dora Stella Langford
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19....

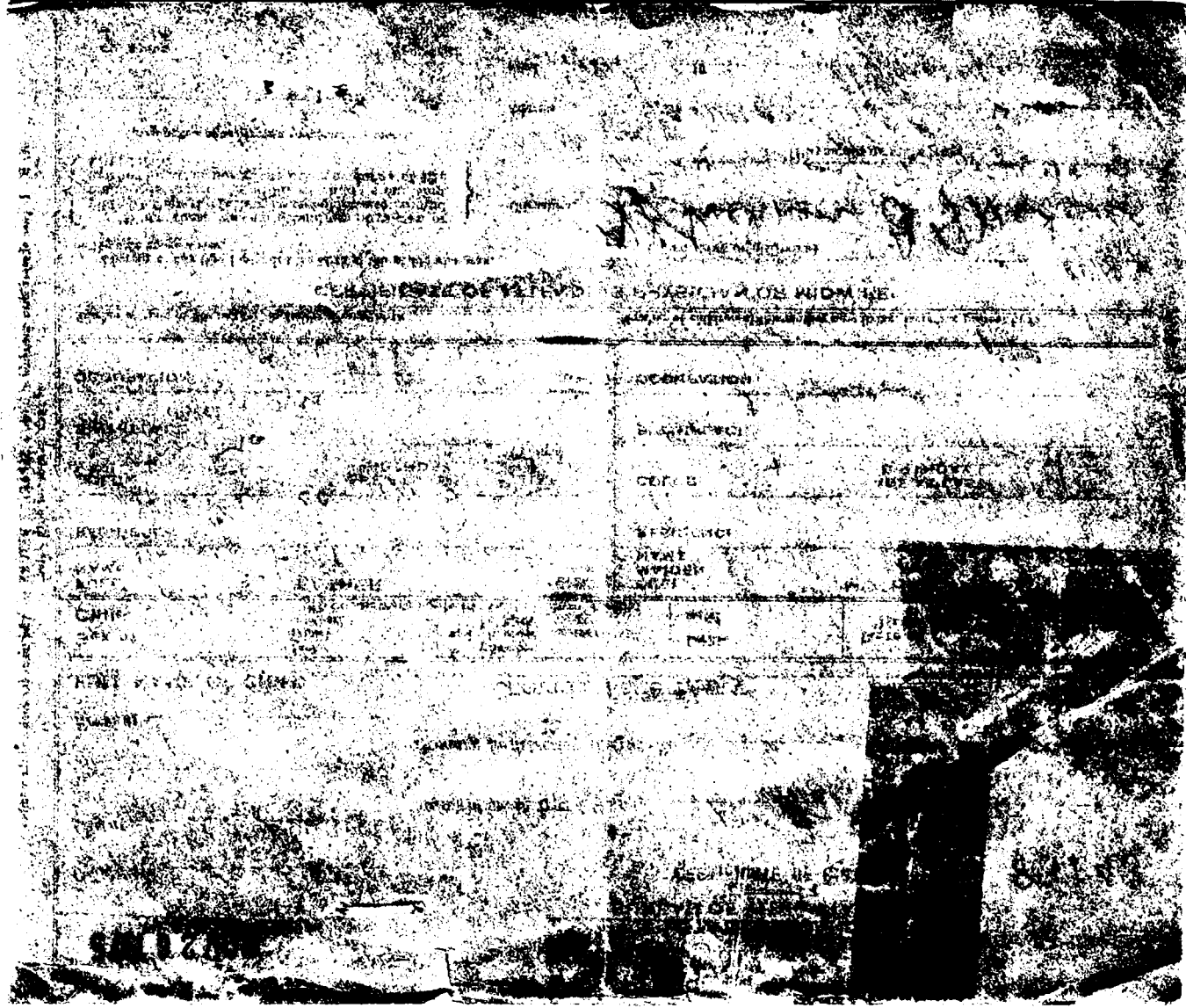
Address McCammon

Filed 9/21 1920 J. H. Young Registrar

..... Registrar

S-Y CO. 24658

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



3-29-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 83148
Date Filed _____
birth

The undersigned does solemnly swear that certain facts on the certificate of _____

for Unnamed Lowry (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 17, 1920 (Date of Event)

in McCammon (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Cherril Faye Lowry

Subscribed and sworn to before me this 10th day of April, 1985

Notary Public, Betty J. Gray

Residing at 1660 Copenhagen Dr., Solvang, Ca.

My commission expires May 30, 1988

OFFICIAL SEAL
BETTY J. GRAY
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SANTA BARBARA COUNTY
My Commission Exp. May 30, 1988

Signature of Applicant

1662 Eucalyptus Dr. #1, Solvang, Ca.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1985

Notary Public, Betty J. Gray

Residing at 1660 Copenhagen Dr., Solvang, Ca.

My commission expires May 30, 1988

OFFICIAL SEAL
BETTY J. GRAY
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SANTA BARBARA COUNTY
My Commission Exp. May 30, 1988

Estella Lowry

1662 Eucalyptus Dr. #1 Solvang Ca.
Supporting Signature

Ilona G. Millar,

1642 Eucalyptus Dr.
Street Address, City, State

1 cc pd

Marriage License lists Edwin Daniel Litten and Cherril Faye .owry were married March 23, 1941 in California. Viewed by V.S.

Social Security Award Certificate lists Cherril F Litten as recipient dated 1980. Viewed by V.S.

MAY 17 1985

814-118 003-435

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28 File No. 149

No. ..... St.

Primary Registration District No. 2161 Registered No. 3333

Hospital .....

FULL NAME OF CHILD Jack Marriner Hadley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Aug 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Andrew Hadley	FULL MAIDEN NAME	Ida Jane McNeil
RESIDENCE	Arimo, Idaho	RESIDENCE	Arimo, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New Mexico
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F McDill
Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Filed 9-21 1920

J R Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1970

Certified copy issued 2-20-1941, dp

819-221-003-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1035 W Fremont St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83150

Registration District No. 28 File No. 63

Primary Registration District No. 2161 Registered No. 3334

FULL NAME OF CHILD Dorcas Vera Harding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	August 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry D. Harding	FULL MAIDEN NAME	Dorcas M McKay
RESIDENCE	1035 W Fremont	RESIDENCE	1035 W. Fremont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Insurance Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W. Clark M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Cor Center & Main. Pocatello Idaho

Filed 9/21 1920 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1955

897-222-003-685

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28 File No. 63151

No. ..... St.

Primary Registration District No. 2161 Registered No. 3335

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Aug (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Daniel S. Higgins	FULL MAIDEN NAME	Matilda Wheat
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson J. McDill
Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Filed 9-21 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-222-003-897

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83152

County of Bannock

City of Pocatello

No. 245 S 3rd Ave

Hospital

Registration District No. 28 File No. 63

Primary Registration District No. 2161 Registered No. 3336

FULL NAME OF CHILD Althea Stewart

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Earl J Stewart	FULL MAIDEN NAME	Almeda Higginson
RESIDENCE	245 S 3rd Ave	RESIDENCE	245 S 3rd Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Automobile Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark MD

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Cor Center & Main Pocatello Idaho

Filed 9/21 1920

J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1953

Amended 12-11-61 (Be sure the information is complete and accurate)

443-23-2003-296

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83153
Local Reg. No. 3337
Reg. Dist. No. 28

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Pocatello General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 346 No. Buchanan St.

3. CHILD'S NAME (Type or print): a. (First) Elizebeth b. (Middle) Madalain c. (Last) Mullen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) August (Day) 23, (Year) 1920

FATHER OF CHILD

7. FULL NAME: a. (First) William b. (Middle) Francis c. (Last) Mullen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): McCammon, Idaho

11a. USUAL OCCUPATION: Clerk of Court

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Beatrice b. (Middle) c. (Last) Brown

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Ogden, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Charles H. Sprague, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Kane Bldg. - Pocatello

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 9-21-1920

20. REGISTRAR'S SIGNATURE: J.R. Young

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birtl Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 83153

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elizabeth Madelain Mullen (Name on Original Certificate) who born (Was Born or Died) on August 23, 1920 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by * (Bible Record, Insurance Policy, Etc.) prepared on July 12-1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elizabeth Madelain Mullen	Elizebeth Madalain Mullen

Subscribed and sworn to before me this 25th day of June, 1961

Notary Public, residing at Pocatello, Idaho
My commission expires ~~My Commission expires Mar. 28~~, 1965
(Seal)

Signed William J. Mullen (father) Beatrice J. Mullen (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

526 Corona Denver, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155 CL 1-28-60. nm

The Prudential Life Insurance Policy, date of issue, July 12, 1937 policy no. 110 210 764 - gives full name of insured as Elizebeth Madalain Mullen, age at time of policy 17 years old - viewed by V.S.

Wedding Invitation, St. Philomena's Church, Denver, Colorado, gives full name of bride as Elizebeth Madalain Mullen, daughter of Mr. and Mrs. William Francis Mullen and full name of groom as Francis Joseph Lynch - viewed by V.S.

843-224-003-843

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83154

County of Bannock

City of Pocatello

Registration District No. 28 File No. 63

No. ..... St.

Hospital General

Primary Registration District No. 2161 Registered No. 3338

FULL NAME OF CHILD Hutchings

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				no	July	24	1920

FATHER		MOTHER	
FULL NAME	unknown	FULL MAIDEN NAME	Edna Hutchings
RESIDENCE		RESIDENCE	Springville, Utah
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE		BIRTHPLACE	Springville Utah
OCCUPATION		OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a.m. on the date above stated.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello Idaho.

Filed 9-21 1920 J. P. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-124-003-815

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83155

County of Bannock

City of North Pocatello Registration District No. 284 File No. 83155

No. 1790 Taft Ave St.

Hospital Home Primary Registration District No. 2161 Registered No. 3339

FULL NAME OF CHILD Milton Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 24 1920

FATHER		MOTHER	
FULL NAME	Hyrum A. Curtis	FULL MAIDEN NAME	Chloe Arinda Hancock
RESIDENCE	1790 Taft Ave.	RESIDENCE	1790 Taft Ave.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Payson, Utah	BIRTHPLACE	Downey, Idaho
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth II Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave

Filed 9-21 1920

J. P. Young
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1962

156225003-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

83156

County of Bannock

City of Pocatello

Registration District No. 287 File No. 63

No. ..... St.

Primary Registration District No. 2141 Registered No. 3340

Hospital .....

FULL NAME OF CHILD Evaline Marguereta Jeffries

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mrs Joe Jeffries	FULL MAIDEN NAME	Jean Leona Smith
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Council Bluffs, Ia.	BIRTHPLACE	Logan, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed 9-21 1920

Registrar

Registrar

JUL 2 4 1969

249-127-003-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

Registration District No. 284 File No. 83157

No. ..... St.

Primary Registration District No. 2161 Registered No. 3341

Hospital .....

FULL NAME OF CHILD Joseph Harold Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Harold Burton	FULL MAIDEN NAME	Lula Downing
RESIDENCE	1128 No Arthur	RESIDENCE	1128 No Arthur
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lyman

phy (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed 9 21 1920 J. W. Young Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1956

c.c. 5/22/41. w.h.

452-228-003-659

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 618 N. 6th Ave. St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28F File No. 83158

Primary Registration District No. 2161 Registered No. 3342

FULL NAME OF CHILD Victoria Desento

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Desento	Celestano Ferando
RESIDENCE	618 N. 6th Ave.	618 N. 6th Ave.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Italy	Italy
OCCUPATION	Common labor	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

(Signature) Ines Ann N. Bird

Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 9-21 1920

J. H. Young
Registrar

453-128-003-154

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83159

County of Bannock

City of Pocatello

No. 133 So. Arthur St.

Hospital Home

Registration District No. 28 File No. 63

Primary Registration District No. 2161 Registered No. 3343

FULL NAME OF CHILD Thomas Wayne Helm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Aug.	28	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum Helm	Agnes Andreasen
RESIDENCE	133 So. Arthur	133 So. Arthur
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	32 (Years)
BIRTHPLACE	Ogden, Utah	Monroe, Utah
OCCUPATION	O. S. L. Brakeman	Housekeeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Address 413 So. 4th Ave.

Given names added from a supplemental report.

19

Registrar

Filed 9-21 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-229.003445

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83160
63

County of Bannock

City of Pocatello Registration District No. 284 File No.

No. 744 N Hayes St. Primary Registration District No. 2161 Registered No. 3344

Hospital 744 No Hayes

FULL NAME OF CHILD Juanita Whiting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Aug. 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lemuel Alma Whiting	Mareena Ames
RESIDENCE	Crystal, Idaho	Crystal, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Somerville Mass	Cleveland Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H. J. Howard M.D.
(Physician or midwife)
Address Pocatello Idaho

19

Registrar

Filed 9-21 1920 J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1971

Amended 11-20-64
219-229-003-455

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83161
Local Reg. No. 3345
Reg. Dist. No. 28

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 156 North 14th Ave.

3. CHILD'S NAME *(Type or print)*
a. (First): Cleo
b. (Middle): Rose
c. (Last): Barnard

4. SEX: Female
5a. THIS BIRTH SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Aug. 29, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Eugene
b. (Middle): L.
c. (Last): Barnard

8. AGE (At time of this birth): 24 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): American Falls, Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Rose
b. (Middle): Mary
c. (Last): Meese

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Cincinnati, Ohio
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Charles H. Sprague, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Kane Bldg.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 9-21-1920
22. REGISTRAR'S SIGNATURE: J.R. Young
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ON OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 28 1964 Bureau of Vital Statistics

State of Idaho } ss.
County of Bannock

Certificate No. 83161

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Clara Rosa Barnard (Name on Original Certificate) who Born (Was Born or Died) on Aug 29 1920 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's birth place	Utah	American Falls, Idaho

Subscribed and sworn to before me this 8th day of May, 1964

Notary Public, residing at Pocatello, Idaho
My commission expires Feb 9, 1968
(Seal)

Signed Clara Swanger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mackay, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of May, 1964

Notary Public, residing at Pocatello, Idaho
My commission expires Feb 9, 1968
(Seal)

Signed Harry Meere
(Signature of Any Credible Person)

Blackfoot R. 2.
(Street Address, City, State) Idaho

1-50¢ pd. in 1948- rec. #41041.

Another Child's Birth Cert. on file: (Idaho Birth) #186743 gives father's birthplace as American Falls, Idaho - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #48-061 gives full name of deceased as Eugene L. Barnard, born July 3, 1896 at American Falls, Idaho - died January 6, 1948- viewed by V.S.

738-130-003-453

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

83162

County of Bannock

Ft. Hall Indian School

City of Ft. Hall Agency.

Registration District No. 28 File No. 63

No. , St.

Primary Registration District No. 2161 Registered No. 3346

Hospital

FULL NAME OF CHILD Thomas Jefferson Plympton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Aug. 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester Maurice Plympton	FULL MAIDEN NAME	Catherine Hubertine Deckers
RESIDENCE	Ft. Hall, Idaho	RESIDENCE	Ft. Hall, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Hector Min	BIRTHPLACE	Min.
OCCUPATION	Teacher - Indian Service	OCCUPATION	Housewife

Number of child of this mother, including present birth Second

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Fort Hall Idaho

Filed 9-21 1920 J R Young Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

F18-130-003-369

PLACE OF BIRTH

Amended 2-7-78

County of Bannock

City of Pocatello

No. 552 So. 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-3-17

Registration District No. 214

File No. 83163

Primary Registration District No. 214

Registered No. 3347

FULL NAME OF CHILD ~~Not named~~ BEN LYNN HAYDEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 30 1920

FATHER	MOTHER
FULL NAME John Hayden	FULL MAIDEN NAME Nora I Torgison
RESIDENCE 552 So 2nd	RESIDENCE 552 So. 2nd
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Logan, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayden

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 9-21 1920

J. H. Young
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 7 10 27 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83163

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ben Lynn Hayden 1 (Name on Original Certificate) who was born (Was Born or Died) on Aug 30, 1920 (Date of Event)
in Pocatello, Idaho (Bannock) b (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's middle initial	omitted	I
mother's birthplace	Sweden	Logan, Utah
number of children	7	5

Subscribed and sworn to before me this 7th day of February, 1978

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Mrs Ben Hayden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 1/10/78 1cc pd. rec. # 14527

Family Record issued by the L. D. S. Church for the family of Johan Hayden and Bengt Andersson, parents of Dora Ingeborg Torgesen and and John Hayden lists Ben Lynn Hayden as the 5th child born to these parents on August 30, 1920 in Pocatello, Idaho.mother's birthplace was given as Logan, Utah.
Viewed by V.S.

Marriage license of parents gives name of groom as John A. B. Hayden married to Dora I. Torgeson on August 27, 1903 in Bannock, County, in the State of Idaho. D. N. Campbell Deputy Recorder.
Viewed by v.S.

Family record, obviously old gives name of mother as Dora I Torgesen and shows birthplace as Logan, Utah. Family record written by husband of Dora. Obviously old .
Viewed by V.S.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 83163

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for B. L. Hayden (Name on Original Certificate) who was born (Was Born or Died) on August 30, 1920 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bibical record (Bible Record, Insurance Policy, Etc.) prepared on Aug. 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ben Lynn Hayden

Subscribed and sworn to before me this 2nd. day of June, 1942

Theodore V. Gathe Jr.
Notary Public, residing at Pocatello, Idaho

My commission expires Febr. 15th. 1946
(Seal)

Signed John Hayden Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN . JUN 3 1942

123-128 003-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Spgs

Registration District No. 289

File No. 83164

No. ..... St.

Primary Registration District No. 2161

Registered No. 3348

Hospital .....

FULL NAME OF CHILD Worthing Aslett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	May 28 1928 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	David Aslett	FULL MAIDEN NAME	Elizabeth Bell
RESIDENCE	Lava Hot Springs, Ida.	RESIDENCE	Lava Hot Springs, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Weston, Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 | Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:20 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Wiglesworth

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Ida.

Filed 10/1 1920 A. F. Henning MD

Registrar

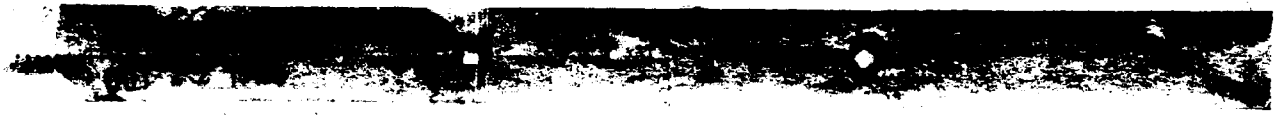
J. R. Young

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



671-224-003-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs, Ida, Registration District No. 284 File No. 83165

No. ..... St. Primary Registration District No. 2161 Registered No. 3349

Hospital .....

FULL NAME OF CHILD Ellen Ogawa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	June 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Ogawa	FULL MAIDEN NAME	Chiee Hayashi
RESIDENCE	Lava Hot Springs, Ida	RESIDENCE	Lava Hot Springs, Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	restaurant keeper	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. 1 Photostat copy 12/28/41 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. 1 Certified copy 9/24/35

(Signature) O. F. Henning M.D.

Lava Hot Springs, Ida (Physician or midwife)

Given names added from a supplemental report. 1 Photostat copy 12/31/41 19

Address Lava

Registrar

Filed 10/1 1920

J. P. Young Registrar

(over)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First certified copy issued 9-24-35 PBA

DEC 23 1941

DEC 31 1941

NOV 15 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-211-003-319

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs Registration District No. 284 File No. 83166

No. ..... St. Primary Registration District No. 2161 Registered No. 3350

Hospital .....

FULL NAME OF CHILD Ruth Agnes Marshall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 11 1923 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Marshall	FULL MAIDEN NAME	Esther Carter
RESIDENCE	Lava Hot Springs Ida	RESIDENCE	Lava
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Wyoming
OCCUPATION	carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Henning M.D.

Lava Hot Springs Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava

..... Registrar

Filed 1/1 1924 J. R. Young Registrar

MAR 12 1963

753.101-203-155

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 571 E. 8th St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 83169 43

Primary Registration District No. 216 Registered No. 3353

FULL NAME OF CHILD Leo Petersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Y	Sept 1 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl W. Peterson	Hebe Jensen
RESIDENCE	Pocatello Idaho	Same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Fyen Denmark	Aalus, Jutland
OCCUPATION	Laborer	H & W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) W. J. Howard M.D.

(Physician or Midwife)

Address Pocatello, Idaho.

Filed 10-1 1920

J. R. Young Registrar

671-204-003-321

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 83170

Primary Registration District No. 2161 Registered No. 3354

FULL NAME OF CHILD ..... May Ogawa .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 4 1920

FATHER	MOTHER
FULL NAME Charles Ogawa	FULL MAIDEN NAME S. Ekano
RESIDENCE Lava Hot Springs, Ida	RESIDENCE Lava Hot Springs, Ida
COLOR Japanese	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Japan	COLOR Japanese
OCCUPATION Cook	AGE AT LAST BIRTHDAY 33 (Years)
	BIRTHPLACE Japan
	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Henning M.D.

Lava Hot Springs, Ida (Physician or midwife)

Address Lava

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/1 1920

J. H. Young Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-205-003-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 532 W. Wyeth St.

Hospital General

Registration District No. 28 File No. 83171

Primary Registration District No. 2161 Registered No. 3355

FULL NAME OF CHILD Marion Bartlett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	–		–	Yes	9 (Month) – 5 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emir Cleveland Bartlett	FULL MAIDEN NAME	Minnie Bailey
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New Orleans	BIRTHPLACE	England
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Filed 10/1 1920

J R Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 9 1972
SEP 1 9 1974

719-106-003-347

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83172

County of Bannock

City of Pocatello Registration District No. 28 File No. 63

No. ..... St.

Hospital Nom Primary Registration District No. 2161 Registered No. 3356

FULL NAME OF CHILD Samuel Alford Gann.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 6 1920

	FATHER	MOTHER
FULL NAME	A. J. Gann.	Olga Luginbuhl.
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Utah	Switzerland
OCCUPATION	Car trackman	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 45 P. M. on the date above stated.

(Signature) John J. Raaf M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed 10-1 1920 J. R. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

055-106-003-419 last name amend 8-9-85 dl

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 683173

No. Center & Main St.

Hospital Lynn Bros Primary Registration District No. 216 Registered No. 3357

FULL NAME OF CHILD Howard Russell Kennett Kennett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	1	yes	Sept 6 1920

FATHER		MOTHER	
FULL NAME	Howard Kennett	FULL MAIDEN NAME	Sadie Marker
RESIDENCE	1524 Taft ave	RESIDENCE	1524 Taft ave
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Rushhill, Md	BIRTHPLACE	Heyworth Ill
OCCUPATION	Lo Co. Fireman	OCCUPATION	H. Wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

(Signature) J. H. Lynn

(Physician or midwife)

Address 440 W. Hayden

Filed 9/1 1920 J. H. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 83173

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Howard Russell Kenneth (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6, 1920 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Kenneth	Kennett

Subscribed and sworn to before me this 15th day of July, 1985

Edwin C. Walker

Notary Public, residing at Fresno Cal

My commission expires Aug 18, 1987

(Seal)

Signed Mrs Sadie Kennett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6672 E Floradora Fresno Ca

(Street Address, City, State)

93727

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Fresno

[This Affidavit MUST Also be Executed.] (See Chapter 139, 1937 Idaho Session Laws)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1985

Joseph R. Rendino

Notary Public, residing at 1313 E. Herndon Fresno

My commission expires 7-24-88

(Seal)

Signed Esther M. Kennett

(Signature of Any Credible Person)

6672 E. Floradora Ave

(Street Address, City, State)

Fresno, Ca 93727

OFFICIAL SEAL JOSEPH R. RENDINO NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN FRESNO COUNTY Commission Expires July 24, 1988

OFFICIAL SEAL EDWIN C. WALKER NOTARY PUBLIC-CALIFORNIA FRESNO COUNTY My Commission Expires Aug. 18, 1987

FORM DH 67-155 CL 3-7-62. one copy pd. rec. #7771.

+1 - 2

Honorable Discharge lists Howard R Kennett born 9-6-20 in Pocatello was discharged Dec 4, 1945. Viewed by V.S.

Degree Certificate from College of Medical Evangelists lists Howard Russell Kennett received on May 3, 1946. Viewed by V.S.

419-106-003-714

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 728 East Hayden St.

Hospital Home

Registration District No. 28 File No. 83174

Primary Registration District No. 216 Registered No. 3358

FULL NAME OF CHILD Lonie Douglas Marshall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 6 1920

FATHER

FULL NAME Edgar Archibald Marshall

RESIDENCE 728 East Hayden

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Albony Oregon

OCCUPATION Air Brake Inspector

MOTHER

FULL MAIDEN NAME Grace G. Garnett

RESIDENCE 728 East Hayden

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Pleasantgrove, Utah

OCCUPATION Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

(Signature) Mrs. Ann V. Bird

Midwife (Physician or midwife)

Address 419 So. 4th Ave.

Filed 10-1 1920

J. P. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

449-106-003-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83175

County of Bannock

City of Pocatello

No. 411 N. 3rd Ave St.

Hospital Home

Registration District No. 28 File No. 6-3

Primary Registration District No. 2161 Registered No. 3359

FULL NAME OF CHILD Thomas Murillo

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 6 1922

FATHER		MOTHER	
FULL NAME	Amando Murillo	FULL MAIDEN NAME	Jens Sand
RESIDENCE	411 N. 3rd Ave.	RESIDENCE	411 N. 3rd Ave
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Common Labor	OCCUPATION	None

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Address 413 So. 4th Ave.

Given names added from a supplemental report.

19

Registrar

Filed 10/1 1922

J. P. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 23 1951

381-106-003-575

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 505 So. 3rd Ave.

Hospital Home

Registration District No. 28 File No. 83176

Primary Registration District No. 2161 Registered No. 3360

FULL NAME OF CHILD Cecel Dean Chandler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sep. (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles Leonard Chandler	FULL MAIDEN NAME	Ada Pearl Exeter
RESIDENCE	505 So. 3rd Ave.	RESIDENCE	505 So. 3rd Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Richmond, Utah
OCCUPATION	Car Inspector	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 413 So 4th Ave

Filed 10/1 1920 J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-1070003-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83177

County of Bannock

City of McCammon

Registration District No. 28 File No. 63

No. ..... St.

Primary Registration District No. 2161 Registered No. 5361

Hospital .....

FULL NAME OF CHILD George Harold Southworh

Sex of Child boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Arigon Southworth	FULL MAIDEN NAME	Esther Amelia Larsen
RESIDENCE	McCammon, Ida.	RESIDENCE	McCammon, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	~~Utah~~ Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:05 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson T McDill

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon Ida.

Registrar

Filed 10/1 1920

J P Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 8 1994

JAN 9 1952

465-107-003-468

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Center & Johnson St.

Hospital Pocatello General

Registration District No. 28 File No. 83178

Primary Registration District No. 2161 Registered No. 3362

FULL NAME OF CHILD Theodore Rilea Doe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Sept (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Rilea Woodward Doe.	FULL MAIDEN NAME	Lillian Mohr.
RESIDENCE	522 N Garfield.	RESIDENCE	522. N. Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22. (Years)
BIRTHPLACE	Mt Pleasant, Iowa.	BIRTHPLACE	Victor Iowa.
OCCUPATION	Grocery man.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. M. Newton

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Pocatello

Filed 10/1 1920

J R Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-107-003-364

PLACE OF BIRTH

Form V. S. No. 11-C—2m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 83179

No. Center & Johnson St.

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3363

FULL NAME OF CHILD Harold LeRoy Williams

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	Sept 7 1920

FATHER	MOTHER
FULL NAME Hubert Levans Williams	FULL MAIDEN NAME Anna Lomae
RESIDENCE 540 So Johnson	RESIDENCE 540 So Johnson
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Jasper, Missouri	BIRTHPLACE Eudora, Missouri
OCCUPATION Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dean Newton

(Physician or ~~Midwife~~)

Address Pocatello

Filed 10/1 1920 J. H. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1942

JAN 5 1944

613-112-003-445

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28 File No. 83180

No. ..... St.

Primary Registration District No. 2161 Registered No. 3364

Hospital .....

FULL NAME OF CHILD James William Watts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Sept (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William E. Watts	FULL MAIDEN NAME	Ethel I. Mueller
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Garage man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Ida.

Filed 1/1 1920 J. R. Young Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1965

249413-003-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

Registration District No. 28

File No. 83181

No. Lyman Bros Hospital

Primary Registration District No. 2161

Registered No. 3365

Hospital Lyman Bros Hospital

FULL NAME OF CHILD not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam Burley	FULL MAIDEN NAME	Marie Lemington
RESIDENCE	308 So 8th	RESIDENCE	308 So 8th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Kentucky
OCCUPATION	Candy Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Lyman

phy Pocatello Idaho (Physician or midwife)

Given names added from a supplemental report.

Address 440 W Hayden St

19

Filed 1/1 1920 J R Young

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856 20X 1003-419

PLACE OF BIRTH

County of Bannock

City of McDowney

Amended 4-10-81

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 83182

Primary Registration District No. 2161 Registered No. 3366

FULL NAME OF CHILD Velma Leahvon Hewitt

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	Sept 2. 1920

FATHER	MOTHER
FULL NAME Jackson Geo. Hewitt	FULL MAIDEN NAME Lottie E. Marsh
RESIDENCE Downey, Idaho	RESIDENCE Downey Ida.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Wilson J McDill

Physician & Surgeon

(Physician or midwife)

Address McEdmonn Ida.

Filed 10/1 1920 J P Downey Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

State of Utah } ss.
County of Box Elder }

Certificate No. 83182

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hewitt (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1920 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Velma Leahvon Hewitt
Child's Date of Birth	Sept. 14, 1920	September 2, 1920

Subscribed and sworn to before me this 23rd day of February 1967

Notary Public, residing at Brigham City, Utah.
My commission expires Feb. 13, 1982
(Seal)

Signed (Mother) Lottie Elizabeth Hewitt Woodward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

85 S 2 W Brigham City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1967

Notary Public, residing at Brigham City, Utah
My commission expires January 11, 1970
(Seal)

Signed Grace H Woodward
(Signature of Any Credible Person)

Promontory, Utah
(Street Address, City, State)

FORM DH 60. 155

CL 4-6-65.

one copy pd. rec. #7821.

LDS Church Certificate of Baptism and Confirmation, May 4, 1929, gives name as Velma La Von Hewitt, daughter of Jacobsen Hewitt and Lottie March, born September 2, 1920 at Marsh Center, Idaho - viewed by VS.

Photo copy of Marriage Certificate, State of Utah, County of Boxelder, March 10, 1938, gives name of groom as James Ronald Madsen and Velma Leahvon Hewitt as bride - viewed by VS.

Photo copy ot Birth Registration, State of Utah, gives name as Delon Hewitt, born March 21, 1942 to James Ronald Madsen and Velma Leahvon Hewitt, #88 - viewed by VS.

Application for License to Marry gives name as Velma Leahvon Hewitt born Sept. 2, 1920 at Marsh Center, to H. J. Hewitt and Lottie Marsh. License # 0105 Issued March 7, 1938.
Viewed by V.S.

Certificate of birth issued by the L.D.S.Church gives name as Velma Leahvon Hewitt born Sept. 2, 1920, in Marsh Center, Bannock County, Idaho, to Jackson Hewitt and Lottie Elizabeth Marsh. Recorded Decmeber 19, 1920.
Viewed by V.S.

893-115-003-747

PLACE OF BIRTH

Form V. S. No. 11-C—2m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

Registration District No. 28 File No. 83483

No. ..... St.

Primary Registration District No. 461 Registered No. 3367

Hospital Lynn Bros. Hospital

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Second	No	Sept 15 — 20

FATHER		MOTHER	
FULL NAME	Lisle Hill	FULL MAIDEN NAME	Susan Pugmire
RESIDENCE	St. Charles Ida	RESIDENCE	St. Charles Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	St Charles Ida	BIRTHPLACE	St. Charles Ida
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Lynn

J. Rhy

(Physician or midwife)

Address Pocatello Ida

Filed Oct 1 1920 J R Young Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-115-003-747

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello 2dd

Registration District No. 28 File No. 83184

No. ..... St.

Primary Registration District No. 2161 Registered No. 3368

Hospital Lynn Bros Hospital

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Twins	No	Sept 15 20

FATHER		MOTHER	
FULL NAME	Leslie Hill	FULL MAIDEN NAME	Vivian Pugmire
RESIDENCE	St. Charles Idaho	RESIDENCE	St Charles Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	St Charles Ida	BIRTHPLACE	St Charles Idaho
OCCUPATION	Shop Hands	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Young

Phy

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/1 1920 J. P. Young

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693 I/18 1003-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 83185

No. ..... St.

Hospital General

Primary Registration District No. 2161 Registered No. 3369

FULL NAME OF CHILD ~~Lady~~ Wilson, Robert Dodge

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	Yes	9 - 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Plez B. Wilson	FULL MAIDEN NAME	Genevieve Howell
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	~~xxxxxxxxxxxxxx~~ Iowa	BIRTHPLACE	Ogden, Utah
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fr Roberts

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello

Filed 10/1 1920 J. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 83185

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who _____ (WAS BORN OR DIED) on _____ (DATE OF EVENT)
in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Robert Dodge Wilson
Father's birthplace	Kansas	Iowa
Mother's maiden name	Howells	Howell

Subscribed and sworn to before me this 20th
day of May, 19 42

Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Genevieve H. Wilson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Notary Public, residing at _____
My commission expires _____
(SEAL)

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

MAY 2 [illegible] 1942

OCT 31 1957

792-219.003-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83186

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 64

Hospital Pocatello General

Primary Registration District No. 261 Registered No. 3370

FULL NAME OF CHILD Helen Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		Yes	Sept 19 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Gibson	Agnes Danley
RESIDENCE	Nampa Idaho	Idaho Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	R.R. Conductor	Stenographer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 22 9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Carl W Clark MD

Physician

(Physician or midwife)

Address Cor Center & Main Pocatello Idaho

Filed 10/1 1920

J R Young

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1958

Amended 4/17/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83187
Local Reg. No.
Reg. Dist. No. 28

253-220-003-294

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 744 N. Hayes

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Power
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Arbon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Doris
b. (Middle):
c. (Last): Secrist

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Sept. 20,1920

FATHER OF CHILD

7. FULL NAME
a. (First): J.
b. (Middle): A.
c. (Last): Secrist

8. AGE (At time of this birth): 28 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Cleo
b. (Middle):
c. (Last): Kidman

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Young
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Pocatello
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 10/1/20
22. REGISTRAR'S SIGNATURE: J. R. Young
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 3:40 PM
RACE OR COLOR OF FATHER: Wh
RACE OR COLOR OF MOTHER: Wh
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR IN the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 12 10 28 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WYOMING
County of NATRONA } ss.

Certificate No. 83187

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Roland Orvil Secrist (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20, 1920 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Blessing December 5, 1920
Cert. of Baptism & Conf. prepared on May 7, 1930 (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Roland Orvil Secrist	Doris Secrist
sex of child	M	female

Subscribed and sworn to before me this 9th day of April, 19 73

Mary L. Taylor
Notary Public, residing at Casper, Wyoming
My commission expires
(Seal)

MARY L. TAYLOR — Notary Public
County of Natrona State of Wyoming
My Commission Expires Dec. 12, 1975

Signed Evelyn A. Brunmond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P. O. Box 1325, Casper, Wyoming 82601
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of WYOMING
County of NATRONA } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 19 73

Mary L. Taylor
Notary Public, residing at Casper, Wyoming
My commission expires
(Seal)

MARY L. TAYLOR — Notary Public
County of Natrona State of Wyoming
My Commission Expires Dec. 12, 1975

Signed W. A. Secrist
(Signature of Any Credible Person)

P. O. Box 1325, Casper, Wyoming 82601
(Street Address, City, State)

CL 4/5/74

FORM DH 60-155

Certificate of blessing from LDS Church gives name as Doris Secrist daughter of Jesse Secrist and Cleo Kidman. Born Sept. 20, 1920 at Pocatello, Idaho. Was Blessed Dec. 5, 1920. Viewed by V. S.

Certificate of Baptism and Confirmation from LDS Church gives name as Doris Secrist daughter of Jesse Vern Secrist and Cleo Kidman. Was Born Sept. 20, 1920. Was Baptized May 7, 1930. Viewed by V. S.

413-22-0003-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83188

County of Bannock

City of Pocatello

No. 726 So. 3rd St.

Registration District No. 28 File No. 64

Primary Registration District No. 2161 Registered No. 3372

Hospital

FULL NAME OF CHILD Dellma Lou Dalton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Sept 22 1920

FATHER		MOTHER	
FULL NAME	Dell M. Dalton	FULL MAIDEN NAME	Rachel Wray
RESIDENCE	726 So. 3rd	RESIDENCE	726 So 3rd
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Montpelier	BIRTHPLACE	Hyrum Utah
OCCUPATION	Carman	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

(Signature) A M Newton MD

(Physician ~~or midwife~~)

Address Pocatello

Filed 10/1 1920 J P Gormley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-V-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1970

415-226-003-815

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83189

County of Bannock

City of McCammon

Registration District No. 28 File No. 64

No. ..... St.

Primary Registration District No. 2161 Registered No. 3373

Hospital .....

FULL NAME OF CHILD Leila Annie Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Sept (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Claude C. Davis	FULL MAIDEN NAME	Mary Sophia Hanson
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Registrar

Filed 1/1 1920

J. H. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83189
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on September 26, 1920 (Date of Event) in McCammon, Idaho (Place of Event) Church Record made out by ward clerk 1955 erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on #341567 - March 13, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Missing	Leila Annie Davis.

Subscribed and sworn to before me this 12 day of Sept 12th, 1955

Signed Claude C Davis Mary S Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 498 Moreland Ave Pocatello
My commission expires Jan 1956 Ida McCammon, Idaho
(Seal) (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

DPH 52-155

marriage name

L. D. S. Church Record

Name "Harris" Leila Annie Davis.

Place of Birth McCammon, Idaho.

Date of Birth Sept 26, 1920

Fathers name Claude C. Davis.

Mothers name Mary Sophia Hansen

Blessing Record Date Mar 26, 1921 By Whom Parley M. Morris

Baptismal Record Date May 3, 1929 By Whom James W. Howell

Confirmation Record Date May 5, 19 By Whom W. Lester Manley.

Ward Clerk

Wallace J Cook

OCT 18 1955

392-128-003-125

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83190

County of Bannock

City of Pocatello

Registration District No. 28 File No. 64

No. 906 So 2nd St.

Primary Registration District No. 2161 Registered No. 3374

Hospital

FULL NAME OF CHILD Leo William Lish

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Sept 28 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Burd Lish	Zella Leonora Abercrombie
RESIDENCE	906 So 2nd ave	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Clerk	Nurse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:45 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young

(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

19

Registrar

Filed 10/1 1920 J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

765-129c0003-352

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83191

County of Bannock

City of Pocatello Registration District No. 28 File No. 64

No. 558 N 6 ave St.

Primary Registration District No. 2161 Registered No. 3370

Hospital

FULL NAME OF CHILD Roland Arvil Gaethle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	9 29 1920

	FATHER	MOTHER
FULL NAME	Roland Gaethle	FULL MAIDEN NAME Ruth E Lester
RESIDENCE	558 N 6 ave	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Mo.	Okla.
OCCUPATION	Cell Repairer	hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or ~~midwife~~)

Address Pocatello -

Given names added from a supplemental report.

19

Registrar

Filed 10/1 1920 J H Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1942

JUN 12 1943

298-206-003-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 83192

No. ____ St. — Primary Registration District No. 2161 — Registered No. 3376

Hospital Pocatello Gen'l.

FULL NAME OF CHILD ELIZABETH LOUISE BRYANT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Sept 6th 1920

FATHER

FULL NAME Robert Charles Bryant

RESIDENCE Pocatello, Idaho

COLOR W. AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Council Bluffs, Iowa

OCCUPATION Architect

MOTHER

FULL MAIDEN NAME Catherine Fitzgerald

RESIDENCE Same

COLOR W. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Chicago

OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6 40 A. M. on the date above stated.

(Signature) J. M. Kay

(Physician or midwife)

Address ____

Filed 10-3 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado }
County of Denver } ss.

Certificate No. 83192

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on Sept. 6th 1920 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elizabeth Louise Bryant

Subscribed and sworn to before me this 10th
day of Sept, 1942
William E. Spangler
Notary Public, residing at Denver, Colo
My commission expires My Commission Expires January 17, 1946
(Seal)

Signed Catherine E. Bryant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1436 So. University - Denver, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of September, 1942.
W. B. Smallwood
Notary Public, residing at Pocatello, Idaho.
My commission expires May 20, 1944.
(Seal)

Signed X
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 28 1942

249-111-003-625

Form V. S. No. 11-C--25m-7-21-19.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83193

County of Bannock

City of Pocatello

Registration District No. 28 File No. 64

No. ..... St.

Primary Registration District No. 2161 Registered No. 3397

Hospital General (Pocatello)

FULL NAME OF CHILD JAMES RUSSELL SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Sept (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James King Smith	FULL MAIDEN NAME	Myrtle Francis Atey.
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Montrose, Colorado.
OCCUPATION	Manager Eldhorn Creamery Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello

Filed 10/3 1920

J L Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 83193

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for James Russell Smith (Name on original certificate) who born (Was born or died) on Sept 11 1920 (Date of event)
in Pocatello Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, Insurance policy, etc.) prepared on Sept 11 - 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Smith	James Russell Smith
James Russell Smith		
Sept 11 - 1920		

Subscribed and sworn to before me this 10
day of November, 19 41

Beth Rodgers

Notary Public, residing at Blackfoot, Idaho

My commission expires May 9, 1944

[SEAL]

Signed Mrs. J. R. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

310 N. Shilling Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of Nov., 19 41

Beth Rodgers

Notary Public, residing at Blackfoot, Idaho

My commission expires May 9, 1944.

[SEAL]

Signed Mary Alice Smith
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By

Form Vital Stat. No. 11-C-25m-7-2

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 83194

No. 560 Block W. Fremont St. — Primary Registration District No. 2161 — Registered No. 3878

Hospital

FULL NAME OF CHILD Jacqueline Ann Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept 12 1920

FATHER		MOTHER	
FULL NAME	James O. Andrews	FULL MAIDEN NAME	Lona Moore
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Marion, Indiana	BIRTHPLACE	Spanish Fork, Utah.
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

(Signature) J. M. Kay

(Physician or ~~midwife~~)

Address Pocatello

Filed 10/3 1920

J. H. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV - 5 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 5 3 18 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 83194

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Andrews (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 12, 1920 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BIBLE — CHURCH (Bible Record, Insurance Policy, Etc.) prepared on 1920 — LDS 7-3-1932 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jacqueline Ann Andrews

Subscribed and sworn to before me this 3rd day of May, 1977

Wayne J Sundergon

Notary Public, residing at Salt Lake City, Utah

My commission expires 12-18-1978

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Salt Lake City Ut

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 1977

Wayne J Sundergon

Notary Public, residing at Salt Lake City, Utah

My commission expires 12-18-1978

(Seal)

Signed [signature]

(Signature of Any Credible Person)

555 N. 1200 W. SALT LAKE CITY, U. 84116

(Street Address, City, State)

FORM DH 60-155

CL 4/21/77 lbc pd. rec. #17055

Family Bible record gives name as Jacqueline Ann Andrews born Spet 13, 1920 at Pocatello Idaho. viewed by V. S.

Certif of Marriage from Utah gives names as Mark Floyd Nichol and Jacqline Ann Andrews. dated May 1, 1939. viewed by V. S.

JUN 24 1977

213-172-003-699

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 328 File No. 83195

No. ..... St.

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3379

FULL NAME OF CHILD LEWIS DON BALE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Sept 12 1920

FATHER	MOTHER
FULL NAME Lewis L Bale	FULL MAIDEN NAME Hodyo Wright
RESIDENCE Pocatello, Ida.	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Nephi, Utah	BIRTHPLACE Ogden, Utah.
OCCUPATION Mechanical Dentist	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4:30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. McKay

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

~~Registrar~~

Address Pocatello

Filed 10-4 1920 J. H. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 83195

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lewis Don Bale (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. 13 - 1920 (DATE OF EVENT)
in Pocatello Ida. (PLACE OF EVENT) ~~are erroneous or were~~ omitted; and that, to the best of his knowledge, the
true facts as shown by Books Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept - 30 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	
Lewis Don Bale		

Subscribed and sworn to before me this 3rd day of March, 19 42

J. B. Blackburn

Notary Public, residing at Pocatello

My commission expires Sept 14, 1944

(SEAL)

Signed Lewis Bale

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the ~~corrected~~ facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 19 42

J. B. Blackburn

Notary Public, residing at Pocatello Ida

My commission expires Sept 14, 1944

(SEAL)

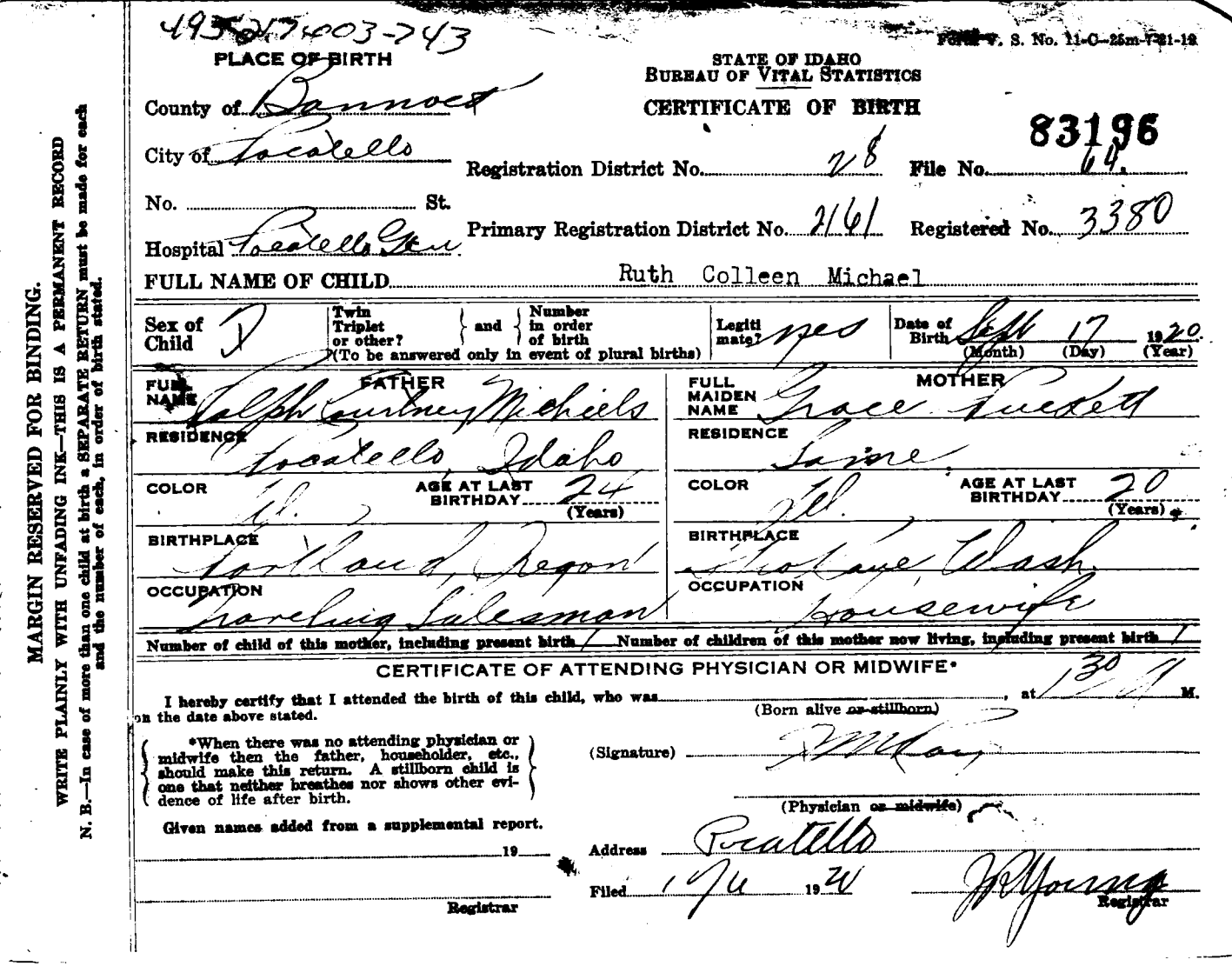
Signed L. F. Castle M.D.

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)



493217003-743

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83196

County of Bannock

City of Pocatello

Registration District No. 28 File No. 64

No. ..... St.

Hospital Pocatello Gen

Primary Registration District No. 2161 Registered No. 3380

FULL NAME OF CHILD Ruth Colleen Michael

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Sept 17 1920

FATHER		MOTHER	
FULL NAME	Ralph Courtney Michaels	FULL MAIDEN NAME	Grace Puckett
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Portland, Oregon	BIRTHPLACE	Spokane, Wash.
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19

Address Pocatello

Filed 1 Jul 1920

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1950

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-12-0003-343

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83197

County of Bannock

City of Pocatello Registration District No. 28 File No. 64

No. ..... St.

Hospital Pocatello Gen Primary Registration District No. 716 Registered No. 3381

FULL NAME OF CHILD Reed Myron Griffith

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	9 27 1920

FATHER

FULL NAME Myron Reed Griffith

RESIDENCE Pocatello, Idaho

COLOR W. AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Denver

OCCUPATION R R Clerk (Yard Office)

MOTHER

FULL MAIDEN NAME Mary Tuttle

RESIDENCE Same

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Pocatello, Ida.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

(Signature) J M Kay

(Physician ~~or midwife~~)

Address Pocatello

Filed 10 6 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MAR 26 1971

OCT 9 - 1951

819.102 003-364

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83198

County of Bannock

City of Pocatello Registration District No. 28 File No. 23

No. 231 No 8th St. Primary Registration District No. 2161 Registered No. 3323

Hospital St. Anthony's

FULL NAME OF CHILD Christopher Harame

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓		✓	Yes	Aug 2 1920

FATHER		MOTHER	
FULL NAME	Harry C. Harame	FULL MAIDEN NAME	Madelaine Lemos
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Lemnos Id Greece	BIRTHPLACE	Portiers, France
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. T. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed 9-21 1920 J. P. Young

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

238-122-003-793

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28 File No. 83199

No. ..... St.

Primary Registration District No. 2161 Registered No. 3314

Hospital .....

FULL NAME OF CHILD John William Stinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	June 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Stinger	FULL MAIDEN NAME	Anna Gill
RESIDENCE	Arimo, Ida.	RESIDENCE	Arimo, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill
Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Filed 9-21 1920

Registrar

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1969

419-225-007-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

183200

County of Bannock

City of Pocatello Registration District No. 28 File No.

No. 425 Main St. Primary Registration District No. 461 Registered No. 3382

Hospital No

FULL NAME OF CHILD Boy ~~Alberta~~ Marsten

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Sept 25 1920

FATHER		MOTHER	
FULL NAME	Iver Marsten	FULL MAIDEN NAME	Anna Brown
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Marsten Norway	BIRTHPLACE	Ogden Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2.00 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helen Newton
(Physician ~~or Midwife~~)

Address Pocatello

Given names added from a supplemental report.

19

Registrar

Filed 10/4 1921 J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 83200

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ivy Helen Marsten (Name on Original Certificate) who born (Was Born or Died) on Sept. 25, 1920 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ivy Helen	Ivy Alberta Marsten

Subscribed and sworn to before me this 3rd day of March, 1945.

Phillip S. Malouf
Notary Public, residing at PHILLIP S. MALOUF NOTARY PUBLIC in and for the County of Los Angeles, State of California

My commission expires My Commission Expires January 10, 1948
(Seal)

Signed Mrs. Ramon B. Marsten
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2626 1/2 So. Catalina St
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1945.

Phillip S. Malouf
Notary Public, residing at PHILLIP S. MALOUF NOTARY PUBLIC in and for the County of Los Angeles, State of California

My commission expires My Commission Expires January 10, 1948
(Seal)

Signed Geraldine E. Anderson
(Signature of Any Credible Person)

801 E. Garfield Ave. Glendale, Calif
(Street Address, City, State)

MAR 9 1945

819.227.003-266

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83201

County of Bannock

City of Pocatello

No. 465 W. Clark St.

Registration District No. 28 File No. 64

Primary Registration District No. 2161 Registered No. 3383

Hospital

FULL NAME OF CHILD Ruth Winnifred Harvey

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9 (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Eugene Harvey	FULL MAIDEN NAME	Stella Arena Koons
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Jamestown, N.Y.	BIRTHPLACE	Cincinnati, Ohio
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 4 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Pocatello

Registrar

Filed 1/4 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1941

[redacted]

MAR 6 1957

238-225-003-234

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 257 So 3rd St.

Hospital

Registration District No. 28 File No. 83702

Primary Registration District No. 2161 Registered No. 3384

FULL NAME OF CHILD Donna Maretta Schneider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept (Month) 27 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Glenn Curtis Schneider	FULL MAIDEN NAME Amy Estella Blue
RESIDENCE 257 So 3 Pocatello Ida	RESIDENCE 257 So 3rd St Pocatello Ida
COLOR white AGE AT LAST BIRTHDAY 25 (Years)	COLOR white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Onaga Kans.	BIRTHPLACE Nardin Okla
OCCUPATION Del. Clerk O. S. L. R.R. Co	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 10/6 1920

J. L. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-127-003-955

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 525 W. Bonneville

Registration District No. 28 File No. 83203

Primary Registration District No. 2161 Registered No. 3384

Hospital

FULL NAME OF CHILD James Peter Clark

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	9 (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Thomas Clark	FULL MAIDEN NAME	Stella Melissa Reese
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	R.R. Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray M D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Registrar

Filed 10/6 1920 J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N 7 1941

JUL 1 0 1975

845-228-003-396

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 83204

No. ..... St.

Primary Registration District No. 261 Registered No. 3385

Hospital Pocatello General

FULL NAME OF CHILD Elizabeth Hunter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	Sept 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Henry Hunter	FULL MAIDEN NAME	Ann Lydia Crowley
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Detroit, Mich.	BIRTHPLACE	Chicago
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4 07 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello

Filed 10/26 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

053-209-003-955

PLACE OF BIRTH

Form U. S. No. 11 C...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs. Registration District No. 84 File No. 83205

No. ..... St. Primary Registration District No. 2161

Hospital ..... Registered No. .....

FULL NAME OF CHILD Rebecca Daisy Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
female				yes	Sept. 9th 1920.

FATHER		MOTHER	
FULL NAME	Morris Bell	FULL MAIDEN NAME	Rebecca Ivers
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oxford Idaho.	BIRTHPLACE	Richfield Idaho.
OCCUPATION	stationary engineer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.35 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Luttie Evans

midwife
(Physician or midwife)

Address Lava Springs Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-214-003-269

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 83206

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Helen L. Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept. 14th 1920. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John D. Taylor	FULL MAIDEN NAME	Carrie J. Sorensen
RESIDENCE	Bancroft Idahoo	RESIDENCE	Bancroft Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kentucky	BIRTHPLACE	Denmark
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhardt

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Idaho.

Filed ..... 19....

O V Linhardt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

847-122.003-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hatch

Registration District No. 84 File No. 83207

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Mark Higginson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept. 22nd 1920

FATHER	MOTHER
FULL NAME: William L. Higginson	FULL MAIDEN NAME: Fannie L. McClelland
RESIDENCE: Hatch	RESIDENCE: Hatch
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Hatch Idaho	BIRTHPLACE: Dempsy Idaho. (Lava Hot Spring
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 p M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orem V. Linhardt

Physician
(Physician or midwife)

Address Bancroft Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

O. V. Linhardt
Registrar

FORM V. S. NO. 27B. 5M-12-1

NOV 3 1920

83207

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
- City: Chesterfield
- Street and House No.: —
- County: Bannock

Registered No. 84

Registration Dist. No. 2161

Sex of Child: Male

Date of Birth: Sept. 22 1920 (MONTH DAY YEAR)

Father: William L. Higginson (FULL NAME)

Mother: Fannie L. McClelland. (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

William Mark Higginson (GIVEN NAME IN FULL / SURNAME)

as reported by father (FATHER OR MOTHER)

O. V. Linhardt (LOCAL REGISTRAR)

Form V. S. No. 11-C-25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

243-227-003-315

County of Bannock

City of Chesterfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 83208

2161

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorothy Marie Butterfield

Sex of Child female

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth Sept. 27th, (Month) (Day) 1920 (Year)

FATHER

FULL NAME Ferrebee Butterfield

RESIDENCE Chesterfield

COLOR white

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Taylorsville Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ivy May Lancaster

RESIDENCE Chesterfield

COLOR white

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE West Gordon Utah

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Owen V. Linnett

Physician

(Physician or midwife)

Address Bancroft Idaho.

Filed ..... 19.....

O. V. Linnett Registrar

FORM V. S. NO. 27B. [illegible]-12-1

83208

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth:
City: Bancroft
Street and House No.:
County: Bannock

Registered No. 84

Registration Dist. No. 2101

Sex of Child: Female

Date of Birth: Sept. (MONTH) 27 (DAY) 1920 (YEAR)

Father: Ferrebee Buterfield (FULL NAME)

Mother: Ivy May Lancaster. (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

[illegible] (GIVEN NAME IN FULL) [illegible] (SURNAME)

as reported by [illegible] (FATHER OR MOTHER)

O V Lurkurah
LOCAL REGISTRAR

Form V. S. No. 11-C—25m-7-21-19

[redacted] F IDAHO
[redacted] TAL STATISTICS

CERTIFICATE OF BIRTH

313-103-00 Bannock 215

County of Bancroft

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 83209

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Joseph Eliason Call

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 3rd, 1920 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Joseph C. Call	FULL MAIDEN NAME	Myrtle Eliason
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Chesterfield Idaho	BIRTHPLACE	Logan Utah
OCCUPATION	grocery clerk	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.05 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhardt

Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19

Address Bancroft Idaho.

Filed 19

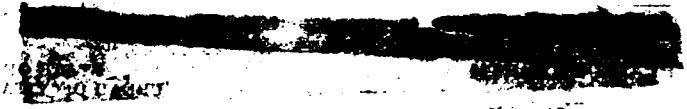
O V Linhardt.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dup of 1920-841693

165-218-003-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

Registration District No. 84 File No. 83210

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret May Jones.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	(To be answered only in event of plural births)			yes	Sept. 18th 1920. (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Albert W. Jones.	FULL MAIDEN NAME	Columbia Call
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	white AGE AT LAST BIRTHDAY 33 (Years)	COLOR	white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Stanrod Utah	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.03 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhardt

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Bancroft Idaho.

Filed 19

O. V. Linhardt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Chesterfield
Street and House No.
County Bannock

Registered No. 84

Registration Dist. No. 2161

Sex of Child Female

Date of Birth Sept. 18 1920
MONTH DAY YEAR

Father Albert W. Jones
FULL NAME

Mother Columbia Call
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Margaret [illegible]
GIVEN NAME IN FULL SURNAME

as reported by [illegible]
FATHER OR MOTHER

[illegible]
LOCAL REGISTRAR

JUL 23 1973

168-219-003-791

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 83211

No. ..... St.

Primary Registration District No. 2161

Registered No. .....

Hospital .....

FULL NAME OF CHILD Pauline Elizbeth Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 19 19 20.

FATHER		MOTHER	
FULL NAME	Leo P. Johnson	FULL MAIDEN NAME	Nellie Grant
RESIDENCE	Hatch	RESIDENCE	Hatch
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.40 p. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orem V. Kinhardt

physician
(Physician or midwife)

Address Bancroft Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

O. Kinhardt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Place of Birth

City Bancroft

Street and House No.

County Bannock

Registered No. 84

Registration Dist. No. 2161

Sex of Child Female

Date of Birth Sept. 19 1920
MONTH DAY YEAR

Father Leo P. Johnson
FULL NAME

Mother Nellie Grant.
FULL MAIDEN NAME

I Hereby Certify that the child described herein has ~~been~~ named:

Pauline Elizabeth
GIVEN NAME IN FULL SURNAME

as reported by Father
FATHER OR MOTHER

O. V. Lunkenbach
LOCAL REGISTRAR

463-128-005-493

[redacted]E OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Hospital .....

Registration District No. 31 File No. 1 83212

Primary Registration District No. ..... Registered No. 21

FULL NAME OF CHILD Frederick Wilson Moctelme

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Felician Moctelme	FULL MAIDEN NAME	Michell
RESIDENCE	Desmet Idaho	RESIDENCE	Desmet Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician attended

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Oct 2 1920

J. Le Bihan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-205-005-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83213

County of Bonneville

City of Plummer (5 miles E) Registration District No. 46 File No.

No. St. Primary Registration District No. 2123 Registered No. 17

Hospital

FULL NAME OF CHILD Virginia Louise Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 5th 1920

FATHER		MOTHER	
FULL NAME	Adam Wright	FULL MAIDEN NAME	Ora Wright
RESIDENCE	5 mi E. of Plummer	RESIDENCE	5 mi E of Plummer
COLOR	W	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	COLOR	W
OCCUPATION	Woodsman	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Louisiana
		OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lloyd F Smith MD

(Physician or midwife)

Address Plummer Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Sept. 15 1920

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR L...

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Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 83214

No. ..... St.

Primary Registration District No. 2049 Registered No. 83

Hospital .....

FULL NAME OF CHILD William F. Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		2	Yes	9 (Month) 17 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Robinson	FULL MAIDEN NAME	Agnes Creedon
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Canada	BIRTHPLACE	Ida
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Phy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Maries

Filed Oct. 9 1920 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of St Maries Registration District No. 92 File No. 83215

No. ..... St.

Primary Registration District No. 2049 Registered No. 82

Hospital .....

FULL NAME OF CHILD Anderson Jack Vincent

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M	—		3	Yes	9	12	1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John F. Anderson	FULL MAIDEN NAME	Mary Dent
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill	BIRTHPLACE	Canada
OCCUPATION	Photographer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Owen D Platt MD

(Physician or midwife)

Address St Maries Ida

Filed Oct. 9 1920 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959-211-005-917

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Fernwood Registration District No. 32 File No. 83216

No. ..... St.

Primary Registration District No. 2049 Registered No. 81

Hospital .....

FULL NAME OF CHILD Virginia Ruth Reineke

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		3	Yes	9 (Month) 11 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George W Reineke	FULL MAIDEN NAME	Lean Ragan
RESIDENCE	Fernwood Idaho	RESIDENCE	Fernwood Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mo.
OCCUPATION	Edgerman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Registrar

Address St Maries

Filed Oct. 9 1920 H E Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1949

652-109-005-265

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries Registration District No. 32 File No. 83217

No. ..... St.

Primary Registration District No. 2049 Registered No. 80

Hospital .....

FULL NAME OF CHILD ROBERT ARTHUR Webb

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M	—		4	Yes	9	9	1920

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John Webb	FULL MAIDEN NAME	Anna Smec
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	R.R. Conductor	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Phy (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed Oct 9 1920 H E Kemp Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 83217

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Webb	Robert Arthur Webb

Subscribed and sworn to before me this 28 day of Mar, 19 42

Notary Public, residing at Spokane Wn

My commission expires Aug 13. 1947
(SEAL)

Signed Mrs Irma Knudsen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Mrs Irma Knudsen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

239-107.005-364

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries Registration District No. 32 File No. 83218

No. ..... St.

Primary Registration District No. 2049 Registered No. 79

Hospital .....

FULL NAME OF CHILD David Stratton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		5	Yes	9 (Month) 7 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Norman Stratton	FULL MAIDEN NAME	Rose Lounsbury
RESIDENCE	St Maries	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Mich
OCCUPATION	Lobmr	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address St Maries

Filed Oct. 9 1920 H E Hunch
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

~~AUG~~

AUG 17 2001

756-120-005-751

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Hospital St Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 83219

Primary Registration District No. 2049 Registered No. 78

FULL NAME OF CHILD Carl Edward Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
male				Yes.	9	20	19 20

FATHER		MOTHER	
FULL NAME	Carl Moss Sharp	FULL MAIDEN NAME	Emma Merle Pears
RESIDENCE	Fenell Idaho	RESIDENCE	Fenell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Sprague Wash.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was above (Born alive or stillborn), at 6 10 A.M. on the date above stated.

(Signature) J E Cornwall

(Physician or ~~midwife~~)

Address St. Maries, Ida

Filed Oct 5 1920 H E Hunt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

299-2 N 3-205-436

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries — Registration District No. 32 — File No. 83220

No. ..... St.

Hospital St. Maries — Primary Registration District No. 2049 — Registered No. 77

FULL NAME OF CHILD Merrie Brink.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Sept. 13 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Sherman Brink	Bessie Eulalia McFarland
RESIDENCE	Fernwood Ida.	Fernwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	45
BIRTHPLACE	Spring Field Ore.	Elma Wash.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 # 0 p.m. M. on the date above stated.

(Signature) C A Robins

(Physician ~~or midwife~~)

Address St. Maries

Filed Oct 5 1920 — H E Hunt, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/4/41 L. b.

FEB 2 1973

262-120-005-238

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital St. Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 83221

Primary Registration District No. 2049 Registered No. 76

FULL NAME OF CHILD Edgar Boberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 20 1920

FATHER		MOTHER	
FULL NAME	Walter C. Boberg	FULL MAIDEN NAME	Hattie Schwartzman
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Denmark	BIRTHPLACE	Germany
OCCUPATION	Mill Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 3 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Cornwall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address St. Maries

Filed Oct 5 1920 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1966

SEP 1 7 1941

391-229-006-695

Form V. S. No. 11-C—25m-9-8-17

[redacted] OF BIRTH

[redacted]ingham

[redacted]erdeen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~20~~ 116 File No. 11 83222

No. ..... St.

Primary Registration District No. ~~2072~~ 2195 Registered No. 589

Hospital .....

FULL NAME OF CHILD Florence Nomi Tiahrt Pacific Time

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yrs	Aug 29 20

FATHER		MOTHER	
FULL NAME	Cornelius G. Tiahrt	FULL MAIDEN NAME	Anna Wiebe
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address American Falls Idaho

Filed 9/6 19 20 Mean Kinnan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/20/41. w.h.

JUL 17 1942

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [redacted]ham

City of Aberdeen — Registration District No. 116 — File No. 83223

295-103-006-255 No. ____ St.

Primary Registration District No. 2185 — Registered No. 590

Hospital ____

FULL NAME OF CHILD Max Kendall King,

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	Yes	Sept 8 1920

FATHER

FULL NAME Paul Dean King

RESIDENCE Aberdeen Ida

COLOR White — AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE South Dakota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sabra Kendall

RESIDENCE Aberdeen Ida

COLOR White — AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Dr. C. Mortimer MD

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Sept 6 1920 C. Mortimer
Registrar

958-115-006-593

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 83224

Primary Registration District No. 2195 Registered No. 591

FULL NAME OF CHILD DELBERT EUGENE MEYER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Sept 15 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gustav John Meyer	FULL MAIDEN NAME	Lucy Nilson
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Bee keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Aberdeen Ida

Filed 9/17 1920 McMacKinnon Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 83224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Delbert Eugene Meyer (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept 15, 1920 (DATE OF EVENT)
in Smithfield, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 15, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Delbert Eugene Meyer

Subscribed and sworn to before me this 11 day of January, 1943.

Leo D Nelson
Notary Public, residing at Smithfield, Utah
My commission expires Jan 15, 1944.
(SEAL)

Signed Mrs. Lucy N. Meyer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Smithfield, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of January, 1943.

Leo D Nelson
Notary Public, residing at Smithfield Utah
My commission expires Jan 15, 1944.
(SEAL)

Signed Kenneth Nielson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Smithfield Utah.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 16 1943

255-219-606-415

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83225

Registration District No. 116 File No. 11

Primary Registration District No. 2195 Registered No. 342

FULL NAME OF CHILD FLORABELLE BENHAM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	Sept 19 1920

FATHER		MOTHER	
FULL NAME	Howld Winfield Benham	FULL MAIDEN NAME	Elizabeth Magdalene Mann
RESIDENCE	Idaho Falls. Ida	RESIDENCE	Idaho Falls. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minnesota	BIRTHPLACE	Illinois
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

(Signature) M. C. MacKinnon M. D.

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Sept 19 1920 M. C. MacKinnon Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. MAY 17 1943
County of Los Angeles }

Certificate No. 83225

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Florabelle Benham (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept 19 - 1920 (DATE OF EVENT)
in Aberdeen Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 9, 1932 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Florabelle Benham
Age next birthday - 12 years.		

Subscribed and sworn to before me this 13th day of May, 1943

Harry Wintz
Notary Public, residing at Clearwater, Cal
My commission expires October 3 - 1945
(SEAL)

Signed x Lizzie M. Benham
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
919- N. Paramount, Clearwater Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

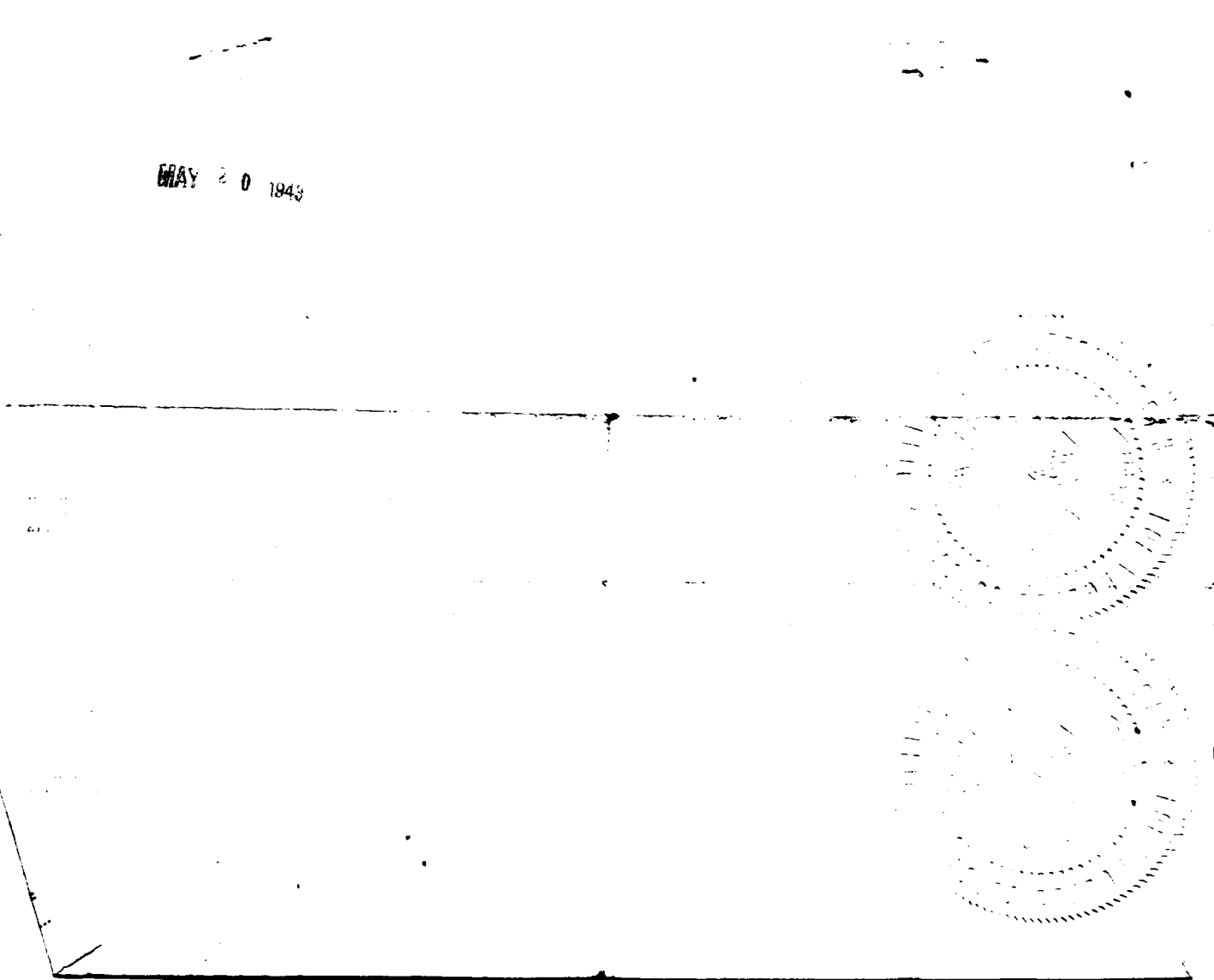
Subscribed and sworn to before me this 13th day of May, 1943

Harry Wintz
Notary Public, residing at Clearwater, Cal
My commission expires October 3 - 1945
(SEAL)

Signed x
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Belda a. Mann
(STREET ADDRESS, CITY, STATE)
919- N. Paramount, Clearwater, Calif.

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY 20 1943



553-120-006-389

Form [illegible], 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 83226

Primary Registration District No. 2185 Registered No. 393

FULL NAME OF CHILD BUD LEGRANDE NELSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	Yes	Sept 20 1920

FATHER		MOTHER	
FULL NAME	James Christian Nelson	FULL MAIDEN NAME	Stena Christensen
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	~~Denmark~~ DENMARK
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. C. MacKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed 9/21 1920 W. C. MacKinnon
Registrar

MAR 11 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bingham,

Certificate No. 83226

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Nelson, (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20, 1920, (Date of Event) in Bingham County, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unmamed	Bud Legrande Nelson
birthplace of mother	Utah	Denmark

Subscribed and sworn to before me this 10th day of March, 1942,

R. H. Stricker

Notary Public, residing at Aberdeen, Idaho.

My commission expires May 28, 1942.
(Seal)

Signed Stena C. Michaelsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bingham,

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 1942,

R. H. Stricker

Notary Public, residing at Aberdeen, Idaho.

My commission expires May 28, 1942.
(Seal)

Signed Mrs. Clara Hayes.
(Signature of Any Credible Person Other Than Previous Year)

Aberdeen, Idaho.
(Street Address, City, State)

MAR 13 1942

819-224-006-841

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 83227

Primary Registration District No. 2193 Registered No. 594

FULL NAME OF CHILD Barbara Virginia Harvey

Sex of Child Female | Twin, Triplet or other? — | and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 24 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Daniel Orvol Harvey	FULL MAIDEN NAME Edna Virginia Qualls
RESIDENCE Aberdeen Idaho	RESIDENCE Aberdeen Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Accountant	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) M. C. Mackenzie M.D.

Physician
(Physician or midwife)

Address Aberdeen Idaho

Filed 9/24 1920 M. C. Mackenzie
Registrar

STATE OF IDAHO DEC 1 1944

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83227

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Sept 24, 1920 (Birth or Death) for Barbara Virginia Harvey (Name on Original Certificate) who was born (Was Born or Died) on Sept 24, 1920 (Date of Event) in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Barbara Virginia Harvey
Barbara Virginia Harvey born Sept 24, 1944 in Aberdeen, Idaho		

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Barbara Virginia Harvey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

DEC

331-226-006-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 83228

Primary Registration District No. 2195 Registered No. 595

FULL NAME OF CHILD BERTHA PHYLLIS CLAUNCH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Sept 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Everett Claunch	FULL MAIDEN NAME	Bertha Ross
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 3/4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinney MD

physician (Physician or midwife)

Address Aberdeen Ida

Filed Sept 27 1920 M C McKinney Registrar

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1951

413-227-006-323

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83229

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 11

No. ..... St.

Primary Registration District No. 2150 Registered No. 596

Hospital .....

FULL NAME OF CHILD Viola Elsie Dalke

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Korneilius Dalke	FULL MAIDEN NAME	Bertha Tschritter
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon MD

physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept 27 1920 M C McKinnon Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] of Castlemont High School Diploma, Oakland, California, dated June 17, 1938 gives full name of student as Viola Elsie Dalke - viewed by V.S. Photo Copy of Cert. of Confirmation, The Evangelical Lutheran Church of Our Redeemer, Oakland, California,

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California confirmed March 25, 1934 gives full name as Viola Elsie Dalke, born Sept. 27, 1920 - viewed by V.S. Certificate No. 83229

County of Alameda } ss. Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Sept 27, 1920 (Date of Event)

in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on 5-8-22 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Viola Elsie Dalke

Subscribed and sworn to before me this 18th day of September 1942

Paul A Pacheco Jr

Notary Public, residing at San Leandro

My commission expires June 8 1946

(Seal)

Signed Mrs Bertha Dalke

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Alameda

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November 1962

Estelle R. Reeve

ESTELLE R. REEVE

Notary Public, residing at 2144 Center St., Berkeley 4, California

My commission expires Sept. 14, 1966

(Seal)

Signed Ola A Dalke

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 14 1983

331-229-006-299 name added 8-9-85 dl

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Aberdeen~~ Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 83230

Primary Registration District No. 2195 Registered No. 597

FULL NAME OF CHILD Neva Loraine Claunch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 29 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Maurice Claunch	FULL MAIDEN NAME	Rebecca Elvira Brinckley
RESIDENCE	Sterling, Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon, M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19....

Filed 15/9 19 20 McMcKinnon

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

6-27-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 16 10 55 AM '85

State of _____ } ss.
County of _____ }

Certificate No. 83230
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Claunch (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 29, 1920 (Date of Event)

in Sterling (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Neva ~~Lorraine~~ Loraine Claunch

Subscribed and sworn to before me this 12th day of
_____, 1985.
Notary Public, _____
Residing at Aberdeen, Idaho
My commission expires December 8, 1986
(Seal)

x Ada Parsons
Signature of Applicant
x 225 2W. 1000 S Sterling, Ida, 83210
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Marriage License from Bannock County Idaho lists Neva Claunch and Charles L. Patterson were married June 5, 1954 in Blackfoot. Viewed by V.S.

Diploma from high school lists graduate as Neva L. Claunch graduated May 18, 1938. Viewed by V.S.

Premium Receipt from Great Northwest Life Ins Co dated July 9, 1952 lists name as Neva Loraine Claunch. Viewed by V.S.

Amended July 27 1955

PLACE OF BIRTH

765-119-1066-419

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Home

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83231

Primary Registration District No. 2194 Registered No. 276

FULL NAME OF CHILD LUIS GONZALEZ
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug. 19 1920

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Gregorio Gonzalez	FULL MAIDEN NAME: Maria Martinez
RESIDENCE: Behind Sugar Factory	RESIDENCE: Behind Sugar Factory
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Mexico	BIRTHPLACE: Mexico
OCCUPATION: R. R. Section Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was was born alive, at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis, M. D.

(Physician or midwife)

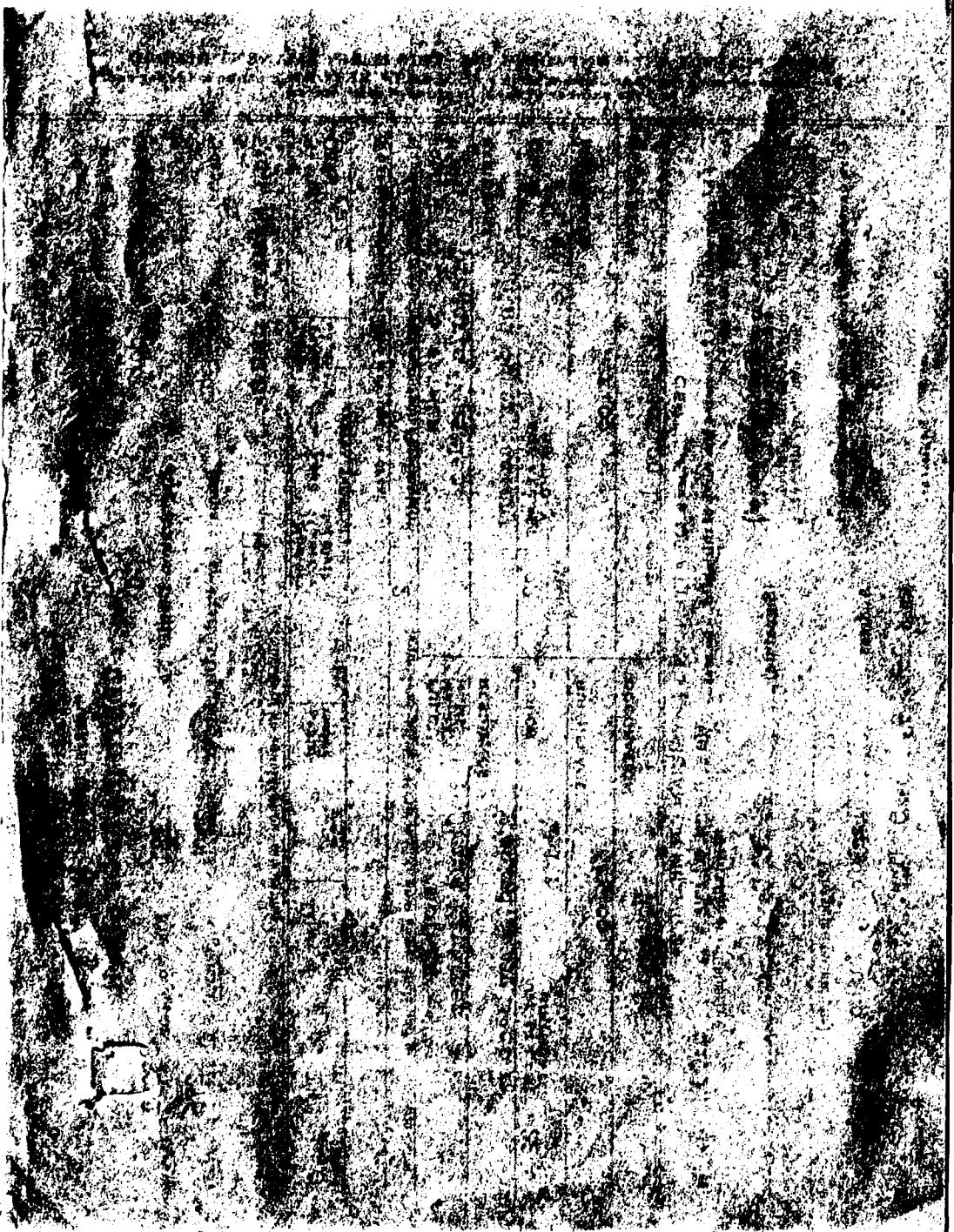
Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Oct. 9, 1920 Mrs. Walter E. Patrie
Registrar.



RECEIVED
JUN 10 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83231

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gormalz (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism and also Marriage record viewed by Vital Stat. 7/27/55 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Gormalz	Luis Gonzalez

Subscribed and sworn to before me this 30th day of May, 1955.

Signed X Margaret Gormalz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X Rafael D. Martinez
Notary Public, residing at Ciudad Juarez, Chih.
My commission ~~expires~~ is for life
(Seal)

Venezuela Nte. 1128-Cd. Juárez, Chih
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Chihuahua
~~County of~~ District of Bravos } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of May, 1955.

Signed X Maria Martinez
(Signature of Any Credible Person)

Rafael D. Martinez
Notary Public, residing at Ciudad Juarez, Chih.
My commission ~~expires~~ is for life
(Seal)

Venezuela Nte. 1128--Cd. Juarez
(Street Address, City, State)

Rafael D. Martinez
Notary Public

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

497-220-006-753

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 15 M. West St.

Registration District No. 121 File No. 83232

Primary Registration District No. 2194 Registered No. 277

Hospital

FULL NAME OF CHILD [redacted] Dixon, Gladys Edna

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)	X	Yes	Aug 28 1920

FATHER		MOTHER	
FULL NAME	Edward Dixon	FULL MAIDEN NAME	Elsie Petrie
RESIDENCE	Blkft 15 M. West	RESIDENCE	15 M. West P.O. Blkft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis M.D.

(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Oct 9 1920 Mrs Nelsie E. Petrie
Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 12 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 83232

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Dixon (Name on Original Certificate) who was born (Was Born or Died) on 8-20-20 (Date of Event) in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Gladys Edna Dixon

Subscribed and sworn to before me this 6th day of September, 1964

Notary Public, residing at Spokane, Wash.
My commission expires August 18, 1966
(Seal)

Signed Edna D. Crockett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2114 S Cuba, Spokane, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Walla Walla } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September, 1964

Mrs. Mary Collins

Notary Public, residing at Walla Walla, Wash.
My commission expires Nov. 18, 1967
(Seal)

Signed Rev. Earnest Pelz
(Signature of Any Credible Person)

209 Stone Walla Walla Wash 99362
(Street Address, City, State)

FORM DPH 55.155

Walla Walla Public School Record, Wlla Walla, Washington, dated Feb. 18, 1965 gives full name of student as Gladys Edna Dixon, born Aug. 20, 1920, parent-Mr E.P. Dixon-viewed by V.S

APR 1 4 1965

Photo Copy of Family Bible Record, appears old, datd and unaltered. gives one child's full name as Gladys Edna Dixon, born Aug. 20, 1920 - viewed by V S.

866-121-006-819

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 439 N. Stout St.

Hospital

Registration District No. 121

File No. 83233

Primary Registration District No. 1007

Registered No. 278

FULL NAME OF CHILD Lewellyn G. Howell

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	Aug 21 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Howell	FULL MAIDEN NAME	Dora Harper
RESIDENCE	439 N. Stout Av	RESIDENCE	439 N. Stout Av
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	So Dakota
OCCUPATION	Mail Carrier	OCCUPATION	Hsewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida.

19

Filed Oct 9 1920 Mrs Nalin E. Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-123-006-699

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—Rev. 6-3-17

Registration District No. 121 File No. 83234

Primary Registration District No. 2194 Registered No. 279

FULL NAME OF CHILD [redacted] Baxter, ELDON V.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	X	X	Yes	Aug 13 1920

FATHER		MOTHER	
FULL NAME	Ray Baxter	FULL MAIDEN NAME	Ella Wright
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 9 1920 Mrs Nellie E. Fabrie Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 83234
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Eldon V. Baxter (Name on original certificate) who was born (Was born or died) on August 23, 1920 (Date of event)
in Moreland, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on August 23, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Baxter	Eldon V. Baxter

Subscribed and sworn to before me this 11th
day of October, 1941

Notary Public, residing at Blackfoot, Idaho
My commission expires 1-11-43
[SEAL] By Gladamson Deputy

Signed Mrs Roy Baxter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #3, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of October, 1941

Notary Public, residing at Blackfoot, Idaho
My commission expires 1-11-43
[SEAL] By Gladamson Deputy

Signed E. E. Burgham
(Signature of any credible person other than the previous affiant.)

Rt.#2, Blackfoot, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 15 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

122-220-006-419

PLACE OF BIRTH

County of Bingham

City of Bekpr. O. W.

No. P. O. Bekpt St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83235

Primary Registration District No. 1007 Registered No. 280

FULL NAME OF CHILD ~~[illegible]~~ Abbott, Gladys

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Aug 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Homer E. Abbott	FULL MAIDEN NAME	Anna Marshall
RESIDENCE	Bekpr. SW. P.O. Bekpt	RESIDENCE	Bekpr SW.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	Teamster	OCCUPATION	Hsewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Ida

Filed Oct 7 1920 Mrs Hulin E. Patrick

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Los Angeles } ss.

Certificate No. 83235

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Abbott (Name on Original Certificate) who was born (Was Born or Died) on 8-25-20 (Date of Event)
in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Standard Certy of Marriage # 5550 County of Los Angeles prepared on April 17, 1938 State of California, are:
(Bible Record, Insurance Policy, Etc.) & School Record (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Gladys Abbott	Unnamed Abbott	both viewed by V. inadvertently omitted
Child's Name	Unnamed	Gladys Abbott

Subscribed and sworn to before me this 13th day of March, 1957

Signed x Mrs. Anna L. Abbott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 7308 Beacon Ave Los Angeles Calif
My commission expires My Commission Expires February 3, 1959
(Seal)

565 Alexander St. San Fernando Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October, 1957

Signed Mrs. Sarah R. Geyer
(Signature of Any Credible Person)

Notary Public, residing at Blackfoot, Idaho
My commission expires 1-1-60
(Seal)

1020 W. Center St Blackfoot Idaho
(Street Address, City, State)

FORM DPH 55. 155

Certified 1-1-57

MAR 27 [illegible]

844-231-006-466

PLACE OF BIRTH

County of Bingham

City of Bkfp

No. 20 Fisher Av St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

Registration District No. 121 File No. 83236

Primary Registration District No. 1007 Registered No. 281

FULL NAME OF CHILD Betty G Hudson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X	X	Yes	Aug 31 1920

FATHER		MOTHER	
FULL NAME	Clyde Hudson	FULL MAIDEN NAME	Downing
RESIDENCE	Bkfp. 20 Fisher Av	RESIDENCE	20 Fisher Bkfp
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	So Dakota	BIRTHPLACE	Mo
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 a m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 9 1920 Mrs Nalie E Petrie

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-1041006-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Bkft

No. So-~~Broadway~~ St.
Meridian

P.O. Bkfoot

Hospital

Registration District No. 121

File No. 83237

Primary Registration District No. 1007

Registered No. 282

FULL NAME OF CHILD Floyd Elmer Buttcane

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Sept 4 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Buttcane	FULL MAIDEN NAME	Maud Miles
RESIDENCE	Bkft-So-Meridian	RESIDENCE	Bkft-So
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housefe

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Ida.

Filed Oct 9 1920 Mrs Nalvi E. Palmer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1981

162-202-006-349

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Pingree St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83238

Primary Registration District No. 2194 Registered No. 283

FULL NAME OF CHILD Iris Adle Josephson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard J. Josephson	FULL MAIDEN NAME	Laura D. Currier
RESIDENCE	Pingree, Idaho	RESIDENCE	Pingree, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Ida.

19

Registrar

Filed Oct 9 1920 Mrs Nellie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH 235-104-006-195

County of Bingham

City of Blackfoot

No. 9 Ash St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83239

Primary Registration District No. 1007 Registered No. 284

FULL NAME OF CHILD Martin William Blenkle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mull		yes	Sept 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Markus Blenkle	FULL MAIDEN NAME	Anna Arvish
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Ida

Filed Oct 7 1920 Mrs Nalie E. Pabice

Registrar

S-Y-CO 38071

K

MAR 1 7 1975

DECEASED

3 20 '75

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 4 10 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of ____ } ss.

Certificate No. 83239
Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Blenkle (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Blenkle	Martin William Blenkle

Subscribed and sworn to before me this 21 day of March, 1975.
Notary Public, residing at Blackfoot
My commission expires 10-4-76
(Seal)

Signed Mrs Ada Blenkle (wife)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 5 Box 10 Blackfoot Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of March, 1975.
Notary Public, residing at Blackfoot
My commission expires 10-4-76
(Seal)

Signed Mrs Ada Blenkle (wife)
(Signature of Any Credible Person)
Rt 5 Box 10 Blackfoot Idaho
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Ben Roy Blenkle born Nov. 14, 1959 MAR 24 1975
at Pocatello, Idaho, File # 59-14314 gives fathers name as
Martin William Blenkle.
Viewed by VS

Baptismal Certificate Martin William Blenkle born Sept. 4, 1920 , baptized
Sept. 26, 1920 at St. Bernard's Church at Blackfoot, Idaho, by Rev.
J. F. Gresl.
Viewed by VS

953-108-006-035

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Groberg St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83240

Primary Registration District No. 2194 Registered No. 284

FULL NAME OF CHILD Harry Joseph Retallick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	April 8 1920

FATHER	MOTHER
FULL NAME Luther G. Retallick	FULL MAIDEN NAME Fannie Stephens
RESIDENCE Blackfoot, Idaho.	RESIDENCE Blackfoot Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Mont	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.15 P. M. on the date above stated.

(Signature) F. M. Mitchell M.D

(Physician or midwife)

Address Blackfoot Idaho

Filed Oct 9 19 20 Nellie E. Patrie
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659.117.006-144

PLACE OF BIRTH

County of Brigham

City of Bluefoot

No. Ward 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83242

Primary Registration District No. 1007 Registered No. 287

FULL NAME OF CHILD Charles Wallace Farrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 17 1920

FATHER	MOTHER
FULL NAME Albert L. Farrell	FULL MAIDEN NAME Mary Judson
RESIDENCE Bluefoot, Idaho	RESIDENCE Bluefoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) F. C. Whitehead M. D.

(Physician or midwife)

Address Bluefoot Idaho

Filed Oct. 9 1920 Mrs. Helen E. Palmer
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] S. No. 11-C—25m-9-8-15

553-220-006-132

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bladfoot

Registration District No. 121 File No. 83243

No. ..... St.

Primary Registration District No. 1007 Registered No. 288

Hospital Bladfoot Gen

FULL NAME OF CHILD Ruth ~~Linda~~ Ingrid Hanna Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Nelson	FULL MAIDEN NAME	Gerda M. Albin
RESIDENCE	Firth, Idaho	RESIDENCE	Firth Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Ida

Filed Oct 9 1920 Mrs Nalie E. Patrick

Registrar Registrar

S-Y-CO 38071

[redacted]

Dup of 1920-228560

816-215-006-666

PLACE OF BIRTH

STATE O[redacted]
BUREAU OF VI[redacted]

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Thomas St.

Registration District No. 121

File No. 83244

Primary Registration District No. 2194

Registered No. 290

Hospital

FULL NAME OF CHILD Unnamed Hawks.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harrold W Hawks	FULL MAIDEN NAME	Mary Wood
RESIDENCE	Blackfoot Ida.	RESIDENCE	Blackfoot
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M W (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed Oct-9 1920 Mrs Helen E. Patrick

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-121-006-791

PLACE OF BIRTH

Form V. ~~S. No.~~ 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 83245

No. ..... St.

Primary Registration District No. 2194 Registered No. 291

Hospital .....

FULL NAME OF CHILD Howard V. McMillian

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	+	yes	Sept 21 1920

FATHER		MOTHER	
FULL NAME	Francis McMillian	FULL MAIDEN NAME	Ethel Pratt
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. J. Simmons

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho.

Filed Oct. 9 1920 Mrs Nellie E. Fabrie
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1957

NOV 7 1955

FEB 11 1964

1

689-124006-381

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Registration District No. 121 File No. 83246

No. ..... St.

Hospital Dr Simmons Primary Registration District No. 1007 Registered No. 292.

FULL NAME OF CHILD Lawrence Chalmers White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 24 1920

FATHER

FULL NAME Lawrence B. White

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Drayman

MOTHER

FULL MAIDEN NAME Mavrine Chalmers

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Mass

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr H J. Simmons

M D.

(Physician or midwife)

Address Blackfoot Idaho.

Filed Oct 4 1920 Mrs Nalie E. Petrie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 11-25-40 mp

459-125 006-753

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Wapello

No. ..... St.

Hospital .....

Registration District No. 121 File No. 83247

Primary Registration District No. 2194 Registered No. 293.

FULL NAME OF CHILD ~~[illegible]~~ JAY ~~[illegible]~~ Peterson Merkley.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	sept (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Roy E Merkley	FULL MAIDEN NAME	Francis Peterson
RESIDENCE	Wapello Idaho	RESIDENCE	Wapello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hosawife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 [illegible] P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. J. Simmons M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Idaho

Filed Oct-4 1920 Nora Patrie
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1943

SEP 28 1949

DECEASED

236-129-006-764

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83248

Primary Registration District No. 2194 Registered No. 294

FULL NAME OF CHILD John Mril Blotham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 29 1920

FATHER

FULL NAME John Mril Blotham

RESIDENCE Moreland. Idaho.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Linda Vesta Godfrey

RESIDENCE Moreland Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 P.M. on the date above stated.

(Signature) Dr H J Summers MD

(Physician or midwife)

Address Blackfoot Idaho

Filed Oct 9 1920 Mrs Nalie E. Fabris Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-113-006-719

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C--25m-7-21-19

STATE OF ~~IDAHO~~
BUREAU OF VITAL ~~STATISTICS~~

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 83249

No. P St.

Primary Registration District No. 2194 Registered No. 295

Hospital

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXXXXXXXXXXX~~ KENNETH THATCHER Allred

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lothair W. Allred	FULL MAIDEN NAME	Charlotte Parkinson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Oct. 4 1920 Mrs Thalia E. Petrie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO SEP 5 1941

DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah) Certificate No. 83249
)ss
County of Salt Lake) Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Kenneth Thatcher Allred (Name on original certificate) who was born (was born or died) on September 13, 1921 (Date of event) in Blackfoot, Idaho (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Bible records (Bible record, insurance plcy.etc.) prepared on September 13, 1921 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Kenneth Thatcher Allred

Subscribed and sworn to before me this 3 day of Sept 1941

Signed Mrs. Charlotte Parkinson Allred
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

W. O. Silcock
Notary Public
Residing at 500 So. 11th East

856 East 1st South
(Street address, City, State)

My commission expires Feb 28, 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Utah)
)ss
County of Salt Lake)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Sept 1941

Signed Delbert P. Allred
(Signature of any credible person other than the previous affiant.)

W. O. Silcock
Notary Public
Residing at 500 So. 11th East

1466 East 9th So., Salt Lake City, Utah
(Street address, City, State)

My commission expires Feb 28, 1943

(SEAL)

APR 23 1974

815-1161006-691

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 2 St.

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Max Dean Hansen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83251

Primary Registration District No. 2194 Registered No. 297

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	—		—	Yes	Sept 16 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dean Hansen	FULL MAIDEN NAME	Mary Louise Wray
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Oct 9 1920 Mrs Hallie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1944

819-117-006557

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83252

Primary Registration District No. 2194 Registered No. 298

FULL NAME OF CHILD Reid [illegible] James Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 17 1920

FATHER		MOTHER	
FULL NAME	James B. Harper	FULL MAIDEN NAME	Margaret England
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wisc	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 9 1920 Mrs Hattie E. Peterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1943

OCT 12 1943

NOV 25 1958

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ammended June 16, 1958

PLACE OF BIRTH

168-220-006-2155

County of Bingham

City of Blackfoot

No. RD# 1 St.

Hospital

FULL NAME OF CHILD Evelyn Johnson Unnamed Johnson

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83253

Primary Registration District No. 2174 Registered No. 299.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward B. Johnson	FULL MAIDEN NAME	Jessie Bell Hansen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Oct 7 1920 [illegible]

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 8353

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by school record (Bible Record, Insurance Policy, Etc.) church record prepared on June 13, 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's own name	unnamed Johnson	Evelyn Johnson

Subscribed and sworn to before me this 16 day of June, 1958

Signed Edward B. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

302-11 th No. Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of June, 1958

Signed Mrs. Genevieve Davis
(Signature of Any Credible Person)

Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1960
(Seal)

812 No Broadway Buhl, Idaho
(Street Address, City, State)

FORM DPH 55. 155

ch

JUN 16 1958

81K-221-006-994

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83254

Primary Registration District No. 1174 Registered No. 5171

FULL NAME OF CHILD NORMA Hammer

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 21 1920

FATHER	MOTHER
FULL NAME: William G. Hammer	FULL MAIDEN NAME: Reba Elizabeth Rider
RESIDENCE: Blackfoot	RESIDENCE: Blackfoot
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W W Buck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Filed Oct 9 1920 Mrs Nellie E. Patrick

Registrar

659-122-006-168

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 7 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83255

Primary Registration District No. 2194 Registered No. 301

FULL NAME OF CHILD Unnamed Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 27 1920

FATHER		MOTHER	
FULL NAME	George Frederick Wright	FULL MAIDEN NAME	Hattie Lenora Johnson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	North Carolina
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 9 1920 Mrs. Nellie E. Patrick
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-224006-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. # 2 St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83256

Primary Registration District No. 2174 Registered No. 302

FULL NAME OF CHILD Elna Barnes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Sept 24 1920

FATHER		MOTHER	
FULL NAME	Lewis Barnes	FULL MAIDEN NAME	Ettie Adams
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct. 9 1920 Mrs. Hallie E. Patrick
Registrar

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
FEB 10 11 36 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83256

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Barnes (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 24, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elna Barnes

Subscribed and sworn to before me this 11th day of February, 19 77

Notary Public, residing at Blackfoot, Idaho

My commission expires April 18, 1978

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Myron L. Barnes
(Signature of Any Credible Person)

Route 2, Box 264, Blackfoot, ID 83221
(Street Address, City, State)

K FORM DH 60-155 CL 8/5/76

Certif of Baptism and Confirmation gives namea s Elna Barnes daughter of Lewis Barnes and Veatrice Adams. born Sept 24, 1920 at Thomas, Idaho. Baptized Aug 4, 1929. viewed by V. S.

MAR 2 1977

Certif of Blessing from the LDS Church gives name as Elna Barnes daughter of Louis Barnes and Vetrice Adams, Born Sept. 24, 1920 at Thomas, Idaho Blessed Dec 4, 1920. viewed by V. S.

219-225-006-719

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R 1 St.

Registration District No. 121 File No. 83257

Primary Registration District No. 2194 Registered No. 303

Hospital

FULL NAME OF CHILD ~~[illegible]~~ MARGARET Barclay

Sex of Child Female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 75 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Michael Barclay	FULL MAIDEN NAME	Effie Gardner
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming and Stock raising	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:09 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Oct 9 1920 Mrs Nellie E. Petrie Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 83257

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed Barclay (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 25, 1920, (DATE OF EVENT)
in Blackfoot, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Barclay	Margaret Barclay

Subscribed and sworn to before me this 29th
day of January, 19 42

John W. Jones

Notary Public, residing at Blackfoot, Idaho
My commission expires July 17th, 1945.
(SEAL)

Signed Michael Barclay
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route #1, Blackfoot, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of January, 19 42.

John W. Jones

Notary Public, residing at Blackfoot, Idaho
My commission expires July 17th, 1945.
(SEAL)

Signed Marie Stoddard
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Blackfoot, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 1 1966

613126-006-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 83258

Primary Registration District No. 1007 Registered No. 300

FULL NAME OF CHILD ..... Unnamed Walters

Sex of Child Male | Twin, Triplet or other? ( ) and (Number in order of birth ( ) (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 26 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Wm. Walters	FULL MAIDEN NAME	Jessie Thelma Winterbottom
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Peck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Filed Oct 9 1920 Mrs Hales E. Tuttle

Registrar

915-123-006-396

PLACE OF BIRTH

Form V. S. ~~No. 11-C~~ 25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. _____ St.

Hospital Central

Registration District No. 121

File No. 83259

Primary Registration District No. 1007

Registered No. 306.

FULL NAME OF CHILD ~~Unnamed~~ Ranberg, Richard Teddy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	Sept. 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ingvald E. Ranberg	FULL MAIDEN NAME	Jessie M. Crosby
RESIDENCE	Cerro Grande. Ida	RESIDENCE	Cerro Grande Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Jackson

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Blackfoot Ida

Filed Oct 9 1920 Mrs Hallie E. Patrie Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 83259

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Richard Teddy Ranberg (Name on Original Certificate) who (Was Born ~~or Died~~) on Sept 23rd 1920 (Date of Event)
in Blackfoot Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Knowledge mother other records destroyed by fire (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) Nov. 1938:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Richard Teddy Ranberg	Unnamed	Richard Teddy Ranberg
Sept 23rd 1920		

Subscribed and sworn to before me this 4 day of May, 1942.

Notary Public, residing at 701 Town Bldg Santa Monica

My commission expires Aug 17, 1943
(Seal)

Signed Mrs Jessie M Pierce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1905 Pico Blvd Santa Monica
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of May, 1942.

Notary Public, residing at 701 Town Bldg

My commission expires Aug. 17, 1943
(Seal)

Signed Lew G. Ranberg
(Signature of Any Credible Person Other Than Previous Year)

1905 Pico Blvd. Santa Monica
(Street Address, City, State)

MAY 8 1942

MAY 1 1 1942

533-104-006-663

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland

Registration District No. 121 File No. 83260

No. ..... St.

Primary Registration District No. 2194 Registered No. 307

Hospital .....

FULL NAME OF CHILD ~~Near~~ VEAR R. Ellis

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilson Ellis	FULL MAIDEN NAME	Saframa Wolfley
RESIDENCE	Moreland Ida	RESIDENCE	Moreland
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Blackfoot. Ida.

Filed Oct. 9 1920 Mrs H. E. Patrie
Registrar.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 83260

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unamed Ellis (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept. 4, 1920 (DATE OF EVENT) in Riverside, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ellis	Vear R. Ellis

Subscribed and sworn to before me this 12th. day of January, 19 42

Jno. T. Galk Clerk of District Court

Notary Public, residing at Blackfoot, Idaho.

My commission expires Jan. 11th, 1943

(SEAL)

Signed Sofronia Yates Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

RFD. # 2, Blackfoot, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1942

Jno. T. Galk Clerk of District Court

Notary Public, residing at Blackfoot Ida

My commission expires Jan 11 1943

(SEAL)

Signed Louis Felt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Blackfoot Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 10 1945

649-104-026-619

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland Precinct.

Registration District No. 17 File No. 83261

No. ____ St.

Primary Registration District No. 294 Registered No. 308.

Hospital ____

FULL NAME OF CHILD THOMAS DeLYLE Farnsworth

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 14 1920

FATHER		MOTHER	
FULL NAME	Thomas A Farnsworth	FULL MAIDEN NAME	Mary L Farnsworth
RESIDENCE	Moreland Ida	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch
Midwife
(Physician or midwife)

Given names added from a supplemental report. ____ 19____

Address Blackfoot Ida.

Filed Oct-9 19 20 M. E. Fabre
Registrar.

____
Registrar.

and the number of each, in order of birth, stated.

NOV 15 1974

MAY 10 1974

713-103-006-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 83262

No. ..... St.

Primary Registration District No. 2194 Registered No. 309.

Hospital .....

FULL NAME OF CHILD James Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept (Month) 3rd (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank Palmer	FULL MAIDEN NAME	Janice Fisher
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	N. Carolina
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Ida

Filed Oct. 9 1920 Mrs Nalia E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-221-006-995

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield

Registration District No. 121 File No. 83263

No. ..... St.

Primary Registration District No. 2194 Registered No. 310

Hospital .....

FULL NAME OF CHILD Madge Leola Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9 (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	S. M. Christensen	FULL MAIDEN NAME	Ella I Ziegler
RESIDENCE	Springfield Ida	RESIDENCE	Springfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Ida

Filed Oct-11 1920 Mrs Thelma E. Pat...
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

115-223:006295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Registration District No. 121 File No. 83264

No. ..... St.

Hospital ..... Primary Registration District No. 1097 Registered No. 311

FULL NAME OF CHILD Jessie Melba Gavoille

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	9 / 23 / 1920

	FATHER	MOTHER
FULL NAME	Constant L Gavoille	Mabel Fay Bingham
RESIDENCE	Blackfoot Idaho	Blackfoot Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Colo	Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) J O Hamplon M.D.

(Physician or midwife)

Address Blackfoot Idaho

Filed Oct 11 1920 Doris Nelson E. Fabrie
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

DEC 1 1 1975

291-212
007-499

PLACE OF B[redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 57

File No. 83265

Primary Registration District No. 2022

Registered No. 79

FULL NAME OF CHILD ETHEL MAXINE BRAASE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 12 1920

FATHER		MOTHER	
FULL NAME	John C. Braase	FULL MAIDEN NAME	Mary Mizer
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Kansas	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey, Ida

Filed 9/14 1920 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No. 83765

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ethel Braase (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. 12-1920. (DATE OF EVENT)
in Hailey (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Knowledge of Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Braase	Braase
name	none given	Ethel Maxine Braase

Subscribed and sworn to before me this 17
day of February, 19 43.

R. F. McCoy

Notary Public, residing at Hailey Idaho
My commission expires March 31-1943.
(SEAL)

Signed John Braase
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Hailey Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 6 1943

856113-007-266

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-27

Registration District No. 57 File No. 83266

Primary Registration District No. 2022 Registered No. 80

FULL NAME OF CHILD John Max Heward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 13 1920

FATHER

FULL NAME Wm Alma Heward

RESIDENCE Bellevue, Ida.

COLOR White

AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ida Bowen

RESIDENCE Bellevue, Ida

COLOR White

AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) Robert H. Wright - M. D.

(Physician or midwife)

Address Hailey, Ida

Filed 9-15-1920

Robert H. Wright - Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 1 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 83266

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Heward (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 13, 1920 (Date of Event)
in Bellevue, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	John Max Heward

Subscribed and sworn to before me this 24th day of January, 19 75

Notary Public residing at Burley, Idaho

My commission expires 7/10/78

(Seal)

Signed Vera Heward Carrigan (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1334 Hansen Avenue, Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 1/10/75

Certif. of Blessing from the LDS Church gives name as John Max Heward son of William A. Heward and Ida E. Bowen. Born Sept. 13, 1920 at Bellevue, Idaho. Was Blessed Nov. 7, 1920. viewed by V. S.

FEB 21 1975

Certif. of Baptism and Confirm from the LDS Church gives namae as John Max Heward son of Wm. A. Heward and Ida E. Bowen. Born Sept. 13, 1920 at Belvue, Idaho. Was Baptized June 29, 1929 . viewed by V. S.

299-113-007-713

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital ..... WARREN

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 57

File No. 83267

Primary Registration District No. 2075

Registered No. 81

FULL NAME OF CHILD ~~Unnamed~~ Greenwood Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9-13-20

FATHER	MOTHER
FULL NAME: Wm G. Briggs	FULL MAIDEN NAME: Sarah E. Patterson
RESIDENCE: Carey, Ida.	RESIDENCE: Carey, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: England	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9-14-1926 Robert H. Wright

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Blaine } ss.

Certificate No. 83267

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for William Greenwood Briggs (Name on Original Certificate) who was born (Was Born or Died) on Sept. 13, 1920 (Date of Event)
in Carey, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William	Warren Greenwood Briggs

Subscribed and sworn to before me this 25th
day of September 1942
Alice A. York
Notary Public, residing at Carey, Idaho
My commission expires Feb. 25, 1945
(Seal)

Signed Sarah E. Briggs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Carey, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Blaine } ss.

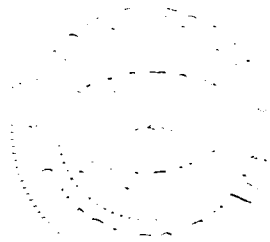
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of Sept 1942
Alice A. York
Notary Public, residing at Carey, Idaho
My commission expires Feb. 25. 1945
(Seal)

Signed Aaron York
(Signature of Any Credible Person Other Than Previous Year)
Carey Ida
(Street Address, City, State)

OCT 2 1942



133-42-10007-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-5-17

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 83268

Primary Registration District No. 2022 Registered No. 82

FULL NAME OF CHILD Thomas Elmer Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Henry Allen	Grace M. Hildreth
RESIDENCE	Hailey, Ida	Hailey, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Bellevue, Ida	Oklahoma
OCCUPATION	Cashier	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.
(Physician or midwife)

Address Hailey, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/22 1920

Robert H. Wright
Registrar

239-204-009-235 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of

Registration District No. 78 File No. 83269

No. St.

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Louise Elizabeth Strong

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Septbr. 4. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harley H. Strong	FULL MAIDEN NAME	Emma M. Steele
RESIDENCE	Blanchard, Ida	RESIDENCE	Blanchard, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kans.	BIRTHPLACE	Minn.
OCCUPATION	Logger	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum, Ida.

Registrar

Filed Oct 8 1920

FLOYD G. WENDLE
Registrar

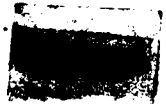
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 13 1945



546-104-009-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 5/2/46

County of Bonner

City of

No. St.

Registration District No. 48 File No. 83270

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Delbert Eugene Edwardson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	Sept. 4, 1920 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

FATHER	MOTHER
FULL NAME: Edward Edwardson	FULL MAIDEN NAME: Flora M. Nelson
RESIDENCE: Blanchard, Ida.	RESIDENCE: Blanchard, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Mich.	BIRTHPLACE: Mich.
OCCUPATION: Policeman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

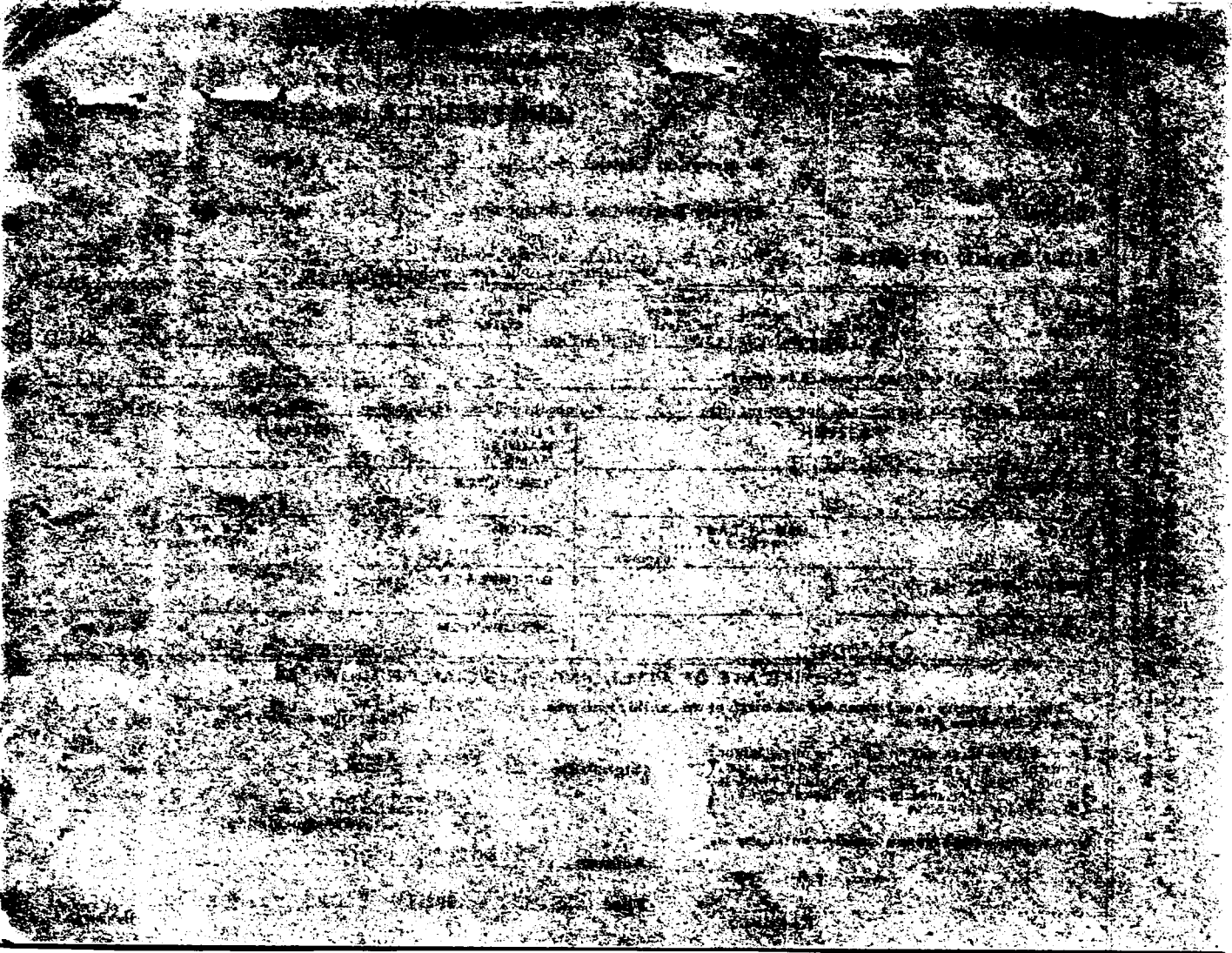
(Signature) Frank Wenz

Physician
(Physician or midwife)

Address Rathdrum, Idaho

Filed Oct. 8, 1920 Floyd V. Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83270

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Delbert Atlee Edwardson (Name on Original Certificate) who born (Was Born or Died) on Sept. 4, 1920 (Date of Event) in Blanchard (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ....., (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Atlee Edwardson	Delbert Eugene Edwardson

Subscribed and sworn to before me this 26th day of April, 1946

[signature]

Notary Public, residing at Spirit Lake, Idaho

My commission expires 2/23/50

(Seal)

Signed Flora M. Edwardson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Spirit Lake, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of April, 1946

[signature]

Notary Public, residing at Spirit Lake, Idaho

My commission expires 2/23/50

(Seal)

Signed Emma Kihlen

(Signature of Any Credible Person)

Spirit Lake, Idaho

(Street Address, City, State)

MAY 2 1946

993-228-009-968

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Rural St.

Hospital

Registration District No. 78 File No. 83271

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Ethel Ricken

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Fred Ricken	FULL MAIDEN NAME	Anna Hoy
RESIDENCE	Sandpoint Rural	RESIDENCE	Sandpoint Rural
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Omaha, Neb.	BIRTHPLACE	Crawford Co. Kansas
OCCUPATION	R.R.y. Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:05 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle M.D.
(Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report.

19

Registrar

Filed Oct 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-202-009-635

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Hospital Lilly

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 83272

Primary Registration District No. 2135 Registered No. ____

Full Name of Child Anna Merle Raccot

SEX OF CHILD Female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | DATE OF BIRTH Oct 2 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Leland Lloyd Raccot	FULL MAIDEN NAME Jessie O'Leary
RESIDENCE 215 Lake St Sandpoint	RESIDENCE 215 Lake St. Sandpoint
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Little Falls Minn	BIRTHPLACE Menominee Mich.
OCCUPATION Millworker	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd E. Wendle M D (Physician or midwife)

Address Sandpoint Idaho

Given names added from a supplemental report

..... 19....

Filed Oct 8 1920 FLOYD G. WENDLE Registrar

..... Registrar

APR 24

253-216-009-442

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 83273

No. ____ St.

Hospital City Primary Registration District No. 2155 Registered No. ____

FULL NAME OF CHILD Barbara Jean Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 16 1920

FATHER	MOTHER
FULL NAME Alonzo E. Bell	FULL MAIDEN NAME Marie Frances Mackey
RESIDENCE Harrywood Ida	RESIDENCE Harrywood Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Oshkosh Wisc.	BIRTHPLACE Trinidad Tex.
OCCUPATION Draftsman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9-20 a.m. on the date above stated.

(Signature) Floyd G. Wendle M.D.

(Physician or midwife)

Address Sandpoint Idaho

Filed Oct 9 1920

FLOYD G. WENDLE
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

625-221-009-965

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Sandpoint Registration District No. 78 File No. 83274

No. ..... St.

Hospital City Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Irene O' Keefe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel W. O'Keefe	Lorene Bessie Monahan
RESIDENCE	Fernie Alberta Can.	Fernie Alberta Can.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Newfoundland	Bearmouth Mont.
OCCUPATION	Barber	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.40 A. M. on the date above stated.

(Signature) Floyd G. Wendle M.D.

(Physician or midwife)

Address Sandpoint Idaho

Filed Oct 8 1920 FLOYD G. WENDLE Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Amended 6/17/69

PLACE OF BIRTH

253-217009-743

County of Bonner

City of Sandpoint

No. _____ St.

Hospital Cities

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 83275

Primary Registration District No. 2155 Registered No. _____

FULL NAME OF CHILD Kathryn Joel Self

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm. A. Self	FULL MAIDEN NAME	Laura Rotnam
RESIDENCE	Carrywood Idaho	RESIDENCE	Carrywood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Elgin Iowa	BIRTHPLACE	Hutchinson Minn
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle

M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Sandpoint Idaho

Filed Oct 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
MAY 1 1969
Vital Statistics
Bureau of Vital Statistics

State of Idaho
County of Bonner } ss.

Certificate No. 83275
Date Filed Oct. 8 1920

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Self (Female) (Name on Original Certificate) who was Born (Was Born or Died) on 9/17/1920 (Date of Event)
in Sandpoint Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Cert of Child 50 Sec Cong. (Bible Record, Insurance Policy, Etc.) prepared on 4/30/1969 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Self, (Female)	Self, Kathryn Jean

Subscribed and sworn to before me this 30th day of April, 1969
Eda Mae Martin
Notary Public, residing at Hardsman
My commission expires July 2, 1969
(Seal)

Signed X William G Self
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
23 Gray Court Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 1969
Notary Public, residing at Hardsman
My commission expires July 2, 1969
(Seal)

Signed Laura Self
(Signature of Any Credible Person)
Rt 5, Priest River, Idaho (Summer Home address)
(Street Address, City, State)

certificate gives mother's maiden name as Kathryn Juel Self.
On file in Washington State Department of Health no. 19557. Date of birth May 26, 1948
Viewed by V. S.

JUN 25 1969

Social Security Card gives name as Kathryn Juel Medley. No. 531-24-1184. Viewed by V. S.

3584119.009-556

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Sandpoint

No. ..... St.

Hospital City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 83276

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Premature Birth Infant LeTourneau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Sept 19 1920

FATHER		MOTHER	
FULL NAME	John A LeTourneau	FULL MAIDEN NAME	Ivy Hurtland
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Alabama	BIRTHPLACE	Carthage Ill
OCCUPATION	Farmer	OCCUPATION	Clerk (Bank)

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 a M. on the date above stated.

(Signature) Floyd G Wendle MD

(Physician or midwife)

Address Sandpoint Idaho

Filed Oct 8 1920 FLOYD G. WENDLE Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

356122.009-689

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83277

County of Bonner

City of Sandpoint

Registration District No. 78 File No.

No. St.

Primary Registration District No. 2155 Registered No.

Hospital City

FULL NAME OF CHILD James E. Lewis

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept (Month) 22 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Frank M. Lewis	FULL MAIDEN NAME Florence Whipell
RESIDENCE 112 - E 4th St. N. Y.	RESIDENCE 420 Lavina Sandpoint
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	BIRTHPLACE N. Y.
OCCUPATION R Ry Brakeman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11. a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G Wendle

M D
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Sandpoint Idaho

Filed Oct 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1949

434-165-609-235

PLACE OF BIRTH

Form V. S. No. 11—25m-9-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [redacted]

City of [redacted]

No. [redacted]

Primary Registration District No. 2135 Registered No. _____

Hospital _____

FULL NAME OF CHILD Melvin Scott McMillan.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 5 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy M. McMillan	Adelaide Emma Stevenson
RESIDENCE	Kootenia	Kootenia Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	18
BIRTHPLACE	La Grande Ord.	Oklahoma
OCCUPATION	R R Brakeman	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M.D.
Saint Maries Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 8 1920 FLOYD G. WENDLE

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Lewis & Clark }

Certificate No. 83278

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Melvin Scott McMillan (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 5th, 1920 (DATE OF EVENT)
in Sand Point, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Melvin Scott McMillan
Date	Sept. 5th	~~Sept. 6th~~
Melvin Scott McMillan	Sept. 5, 1920	Sept. 5, 1920.

Subscribed and sworn to before me this 30th
day of January, 19 42

John D Gillan
Notary Public, residing at Helena, Montana
My commission expires August 31st, 1944.
(SEAL)

Signed J D McMillan
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Father of Melvin Scott McMillan
317 W. Main St., Helena, Montana.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 [illegible] By
(REGISTRAR'S SIGNATURE)

519-215-009-453

PLACE OF BIRTH

[redacted] V. S. No. 11-C—25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 78 — File No. 83279

No. ____ St. — Primary Registration District No. 2155 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Agnes Early

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 15 1920.

FATHER

FULL NAME: Hugh Early

RESIDENCE: Sandpoint, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Engineer

MOTHER

FULL MAIDEN NAME: Anna Dellinger

RESIDENCE: Sandpoint, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: House wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:20 A. M. on the date above stated.

(Signature) A. F. Page M.D.

(Physician or midwife)

Address Sandpoint, Idaho.

Filed Oct 8 1920 — FLOYD G. WENDLE Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-112-009-867

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Sandpoint Registration District No. 71 File No. 83280

No Washington & Church Sts.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Eric Donald Fleetwood

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
male	—	and	—	yes	Sept. 12 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Herbert Fleetwood	Rose Hogen
RESIDENCE	Sandpoint	Sandpoint
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	England	Nebraska
OCCUPATION	Colour	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live child (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) N P Washburn

Physician

(Physician or midwife)

Address Sandpoint

Filed Oct 5 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-301597

849-207-c09-168

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 78 — File No. 83281

No. 331 Fanima St.

Primary Registration District No. 2153 — Registered No.

Hospital

FULL NAME OF CHILD Quita Quinn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	and	1	yes	Sept 2 1920

FATHER	MOTHER
FULL NAME Henry Grady Quinn	FULL MAIDEN NAME Della Francis Johnson
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR W. — AGE AT LAST BIRTHDAY 30 (Years)	COLOR W — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Miss.	BIRTHPLACE Wyo.
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) N. R. Wallentine

Physician

(Physician or midwife)

Address Sandpoint

Filed Oct 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1966

819-123-009-651

PLACE OF BIRTH

[redacted]AHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83282

County of Bonner

City of Laclede Ida

Registration District No. 81

File No. 8

No. x x x x St.

Primary Registration District No. 2158

Registered No. 162

Hospital x x x x

FULL NAME OF CHILD Andrew Martin Haines

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Single	1	Yes	Sept 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter E. Haines	FULL MAIDEN NAME	Violet Wean
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Trail Okla	BIRTHPLACE	Quarry N.D.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 23, 1920 at 5:00 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier

Laclede Ida

(Physician or midwife)

Given names added from a supplemental report.

x x x x x 19

Address Laclede Idaho

[redacted] x x x x

Filed Sept 25 1920 F W Didier

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 17 1959

[redacted]

991-219-009-841

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of PRIEST RIVER, IDAHO Registration District No. 85 File No. 83283

No. ——— St.

Primary Registration District No. 2185 Registered No. 39

Hospital ———

FULL NAME OF CHILD Mary Lucy Maccarato

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Sept 19 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Gus a Maccarato	FULL MAIDEN NAME Minnie Quadro
RESIDENCE PRIEST RIVER, IDAHO	RESIDENCE PRIEST RIVER, IDAHO
COLOR White AGE AT LAST BIRTHDAY 22 (Years)	COLOR White AGE AT LAST BIRTHDAY 19. (Years)
BIRTHPLACE Priest River Idaho	BIRTHPLACE Colorado
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ——— (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff M.D.

(Physician or midwife)

Given names added from a supplemental report.

——— 19 ———

Address PRIEST RIVER, IDAHO

C. P. Getzloff Registrar

Filed Oct 1 1920 C. P. Getzloff Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-112009-659

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. — St.

Hospital —

Registration District No. 85 File No. 83284

Primary Registration District No. 2185 Registered No. 38

FULL NAME OF CHILD ~~Joseph~~ ORLANDO A. Veltri

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m c		yes	Sept 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Veltri	FULL MAIDEN NAME	Teresa Ferrara
RESIDENCE	Priest River Idaho.	RESIDENCE	Priest River Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician (Physician or midwife)

Given names added from a supplemental report.

C. P. Getzloff 19

Registrar

Address Priest River Idaho.

Filed Oct 1 1920 C. P. Getzloff Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 83284

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Orlando A. Veltri (Birth or Death) for (Name on Original Certificate) who (Was Born or Died) on Born Sept 12 1920 (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Joseph Veltri	Orlando A. Veltri

Subscribed and sworn to before me this 12 day of May, 1942

Ricka McLean
Notary Public, residing at Priest River

My commission expires May 15 — 1943.
(Seal)

Signed Giuseppe Veltri Father
(Signature of parent for attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of May, 1942

Ricka McLean
Notary Public, residing at Priest River

My commission expires May 15 — 43
(Seal)

Signed Michael Mario
(Signature of Any Credible Person Other Than Previous Year)

Priest River Idaho
(Street Address, City, State)

MAY 19 1942

MAR 7 1973

MAIL OR DELIVER THIS CERTIFICATE TO Y[illegible] REGISTRAR, NOT TO THE STATE BOARD OF HEALTH.

31-20

PLACE OF BIRTH [redacted] Board of Health

Record No.

County of Bonner

IDAHO

BUREAU OF VITAL STATISTICS

83285

Registered No.

City or Town of 814123.009-235

CERTIFICATE OF BIRTH

Registration Dist. No. (No. St.; Ward)

FULL NAME OF CHILD MELVIN EUGENE HAMBERG

If child is not yet named, make supplemental report, as directed.

Sex of Child Male | Twin, Triplet or other? 1 | and | Number in order of birth 1 | Legitimate? yes | Date of Birth Aug (Month) 28 (Day), 1920 (Year)

FATHER		MOTHER	
Full Name	William Robert Hamberg	Full Maiden Name	Audry Bell Stewart
Residence	Bonner Co Idaho	Residence	Bonner Co Idaho
Color	White	Color	White
Age at last Birthday	24 (Years)	Age at last Birthday	20 (Years)
Birthplace (State or Country)	St Paul, Minn.	Birthplace (State or Country)	Idaho.
Occupation	Bookkeeper	Occupation	

Number of child of this mother 1

Number of children, this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive / stillborn † and that it occurred on Aug 28, 19, at 12:30 P.M.

(Signature) J. N. Phillips MD

(Physician or Midwife)

Address Newport Wash

Filed Oct 8, 1920 FLOYD G. WENDLE

Registrar.

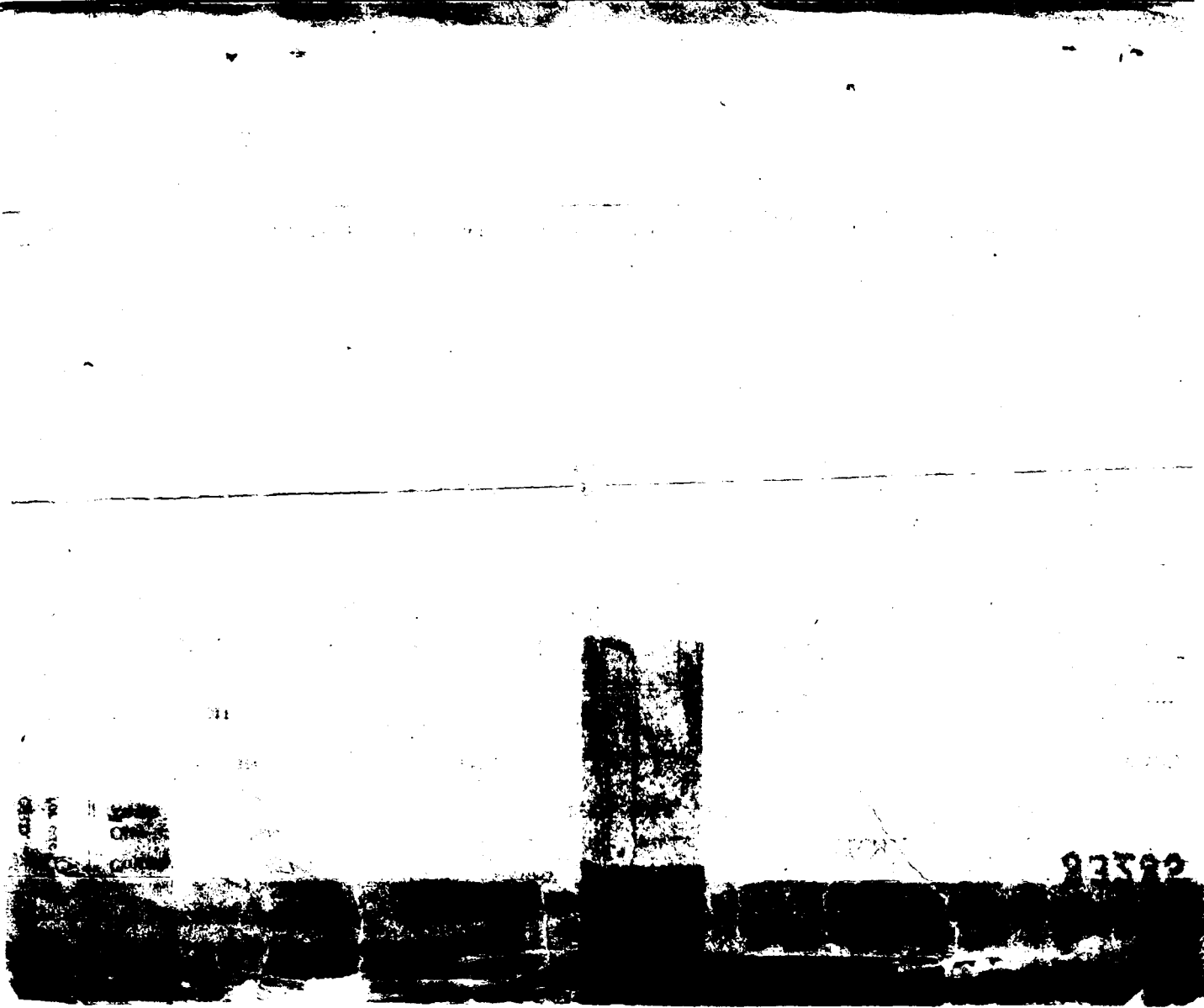
* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 83285

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for _____ (NAME ON ORIGINAL CERTIFICATE) who _____ (WAS BORN OR DIED) on _____ (DATE OF EVENT)

in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	William Herbert Hamberg	Melvin Eugene Hamberg

Subscribed and sworn to before me this 11th day of Feb, 1942.

Rieka McLean

Notary Public, residing at Priest River

My commission expires May 15—43.

(SEAL)

Signed Audrey Henderson (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Bonner. }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of February, 1942.

Rieka McLean.

Notary Public, residing at Priest River

My commission expires May 15—1943.

(SEAL)

Signed Robt A Henderson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Priest River Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB By _____

(REGISTRAR'S SIGNATURE)

FEB 19 1942

JUN 30 1972

469-118 OK - 469

PLACE OF BIRTH

Form V. S. N. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 83286

No. ..... St.

Primary Registration District No. 21 V-0 Registered No. 231

Hospital .....

FULL NAME OF CHILD SADAO MORISHITA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 18th, 1920. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tsurukichi Morishita	FULL MAIDEN NAME	Tsune ~~Morishita~~ Morita
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tsurukichi Morishita

Father

~~(Physician or midwife)~~

Given names added from a supplemental report.

SEP 30 1920 19....

Address Idaho Falls Idaho

The Idaho Japanese Association
Registrar

Filed Oct. 30 1920 W. [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

191-22 7.010-4/3

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Registration District No. 73 File No. 83287

No. ..... St.

Primary Registration District No. 21 V-0 Registered No. 230

Hospital .....

FULL NAME OF CHILD Tomoye Arase

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 27th 1920

FATHER	MOTHER
FULL NAME Miyokichi Arase	FULL MAIDEN NAME Shimo Matsuda
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls,
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Tomoye (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Miyokichi Arase
Father
(Physician or midwife)

Given names added from a supplemental report.

SEP 30 1920 19.....

Address Idaho Falls Idaho

The Idaho Japanese Association
Registrar

Filed Sept. 30 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-203-010-285

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 73 File No. 83288

Primary Registration District No. 21-50 Registered No. 229

FULL NAME OF CHILD June Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	June 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hans Milton Hansen	FULL MAIDEN NAME	Zella Shelton
RESIDENCE	Ucon Ida	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fountain Green Ut	BIRTHPLACE	Liberty City Ut
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Hall MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rigby Idaho

Filed Sept. 21 1920 W. Kimball

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

454-117-2010-418

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH Amended 3-1-74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73 File No. 83289

No. ..... St.

Primary Registration District No. 2102 Registered No. 228

Hospital .....

FULL NAME OF CHILD RONALD JAY Denning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 17, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. Denning	FULL MAIDEN NAME	Flossie Dahle
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White — AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Mellon MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed Sept. 23 1920 Wm Kinnaird Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____ Registration District No. _____ File No. 21669

No. _____ St. _____

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____ FOR ALL WAY _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
	(To be answered only in event of plural births)				

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. (Born alive or stillborn)

on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given name added from a supplemental report.

_____ 19__ Address _____

_____ Registrar _____ Filed _____ 19__ _____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED MAR-1 1974 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Cache }

Certificate No. 83289

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jack Lynn Denning (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1920 (Date of Event)
in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on 2/26/74 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Jack Lynn Denning	~~Ronald J. Denning~~ RONALD JAY DENNING

Subscribed and sworn to before me this 26th day of February, 19 74

Notary Public, residing at Logan, Utah
My commission expires 7/18/74
(Seal)

Signed [signature] [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

185 North 1st West Logan, Utah 84321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/20/74 nm Rush!!

Certificate of Blessing gives name as Ronald Jay Denning son of John Denning and Flossie Dahle born Sept. 17, 1920 at Ammon, Idaho Blessed Dec. 5, 1920 L.D.S.Church.
Viewed by V.S.

MAR 1 1974

Army of the United States Honorable Discharge gives name as Ronald Jay Denning, # 19 055 699 Sergeant in the 353rd Bombardment Squadron. Issued July 9, 1945.
Viewed by V.S.

753-211-010-256

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 83290

No. ..... St.

Primary Registration District No. 2110 Registered No. 227

Hospital .....

FULL NAME OF CHILD Ethel Mae Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar L. Peterson	FULL MAIDEN NAME	Ella Knott
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn), at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Registrar

Filed Sept. 22 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City of _____ Registration District No. _____ File No. _____

No. _____ St. _____

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
	(To be answered only in event of plural births)				

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated.

(Signature) (Hospitality or residence)

*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

_____ Registrar _____ Filed _____ 19__ _____ Registrar

214-130-010-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 83291

Primary Registration District No. 2150

Registered No. 226

FULL NAME OF CHILD Ralph C. Samsel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Allen Samsel	FULL MAIDEN NAME	Alice Cantwell
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Melville Utah
OCCUPATION	Merchantile Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dodinquist M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed Sept 11 1920 [illegible]

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

FEB 26 1942

APR 11 1942

MAR 22 1944

753-105-010-365

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 83292

Primary Registration District No. 2150 Registered No. 225

FULL NAME OF CHILD WAYNE L. PETERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 5 1920

FATHER		MOTHER	
FULL NAME	L. G. Peterson	FULL MAIDEN NAME	Verda Longhurst
RESIDENCE	Idaho Falls, Idaho.	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Logan Utah	BIRTHPLACE	Randolph Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Lodergnist M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Idaho Falls, Idaho

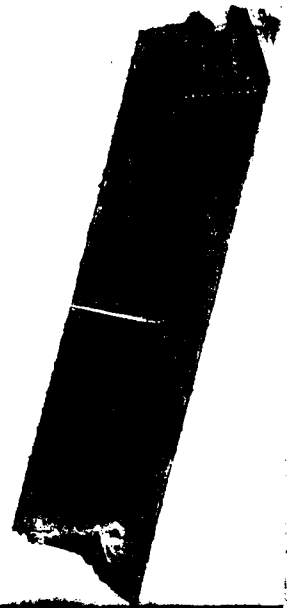
Filed Sept 9 1920 [signature]
Registrar

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 83292

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Peterson (Name on Original Certificate) who born (Was Born or Died) on 9-5-1920 (Date of Event)
in Twin Falls, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Wayne L. Peterson

Subscribed and sworn to before me this 10th
day of March, 1942

Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Verda Longhurst Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1107 N. 24th St Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 10
MAY 21 1962
OCT 12 1965

331-105-010-554

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73

Primary Registration District No. 2150

File No. 83293

Registered No. 224

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Clark	FULL MAIDEN NAME	Lydia Wadsworth
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Hooper, Utah
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Idaho

Filed Sept 9 1920 [signature]

Registrar

Registrar

613-127-010-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 23

File No. 83294

No. ..... St.

Primary Registration District No. 2140

Registered No. 223

Hospital .....

FULL NAME OF CHILD Lorraine Thomson Waters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jay Waters	FULL MAIDEN NAME	Pearl Butler
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Preston Idaho	BIRTHPLACE	Lima Mont.
OCCUPATION	Tanning	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Registrar

Filed Sept 4 1920. [signature] Registrar

MAR 25 1955

597-213-010-614

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 83295

No. ..... St.

Primary Registration District No. 2120 Registered No. 222

Hospital .....

FULL NAME OF CHILD Florence Virginia Nightingale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Arther Ernest Nightingale	FULL MAIDEN NAME	Rose McFadden
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Lancashire Eng.	BIRTHPLACE	Silver Beef Utah
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed Sept 4 1920 [signature] Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City of _____ Registration District No. _____ File No. 83295

No. _____ St.

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)

(To be answered only in event of plural births)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ (Place, give or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report

_____ 19__ Address _____

Filed _____ 19__

Registrar

Registrar

595-130 010-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 73 File No. 83296

Primary Registration District No. 2113 Registered No. 221

FULL NAME OF CHILD Max Oscar Eiem

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 30 1920

FATHER		MOTHER	
FULL NAME	Algie B Eiem (Eiem)	FULL MAIDEN NAME	Alice Johnson
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 A. M. on the date above stated.

(Signature) _____

Physician (Physician or midwife)

Address Idaho Falls Idaho

Filed Sept 7 1920 _____ Registrar

_____ Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City of _____

No. _____ St. _____

Hospital _____

Registration District No. 43 File No. 93296

Primary Registration District No. [illegible] Registered No. [illegible]

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Length of birth	Date of Birth (Month) (Day) (Year)
	(To be answered only in event of plural births)				

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

(Begin after or midnight)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Signature or midwife)

Given names added from a supplemental report.

_____ 19 _____ Address _____

Filed _____ 19 _____

Registrar

Registrar

313-129010-437

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 83297

Primary Registration District No. 2150 Registered No. 220

FULL NAME OF CHILD ROBERT GORDON CALL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug 29 1920

FATHER		MOTHER	
FULL NAME	Vasco Call	FULL MAIDEN NAME	Mary McGavin
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 40 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls Idaho

Filed Sept 4 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. NOV 2 1942 Certificate No. 83297

County of Placer } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Robert Gordon Call (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug 29 - 1920 (DATE OF EVENT)

in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Robert Gordon Call

Subscribed and sworn to before me this 31st day of October 1942

Clayton J. Bond Parton

Notary Public, residing at Roseville Calif

My commission expires (SEAL)

Notary Public in and for the County of Placer, State of California.
My commission expires Oct. 2, 1946

Signed Mary Call (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt. 1, Roseville, California
Box 394 (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires (SEAL)

Signed (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By (REGISTRAR'S SIGNATURE)

NOV 4 1942

1945

FEB 10 1947

395-22-010-417

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. name added 3/4/81 St.

Registration District No. 73 File No. 83298

Primary Registration District No. 2150 Registered No. 219

Hospital

FULL NAME OF CHILD Ruby L. Treasure

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 27 1920

FATHER		MOTHER	
FULL NAME	Don Treasure	FULL MAIDEN NAME	Hazel Magleby
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature)

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Sept 7 19 20

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. C. No. 11-C—2m—7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83298

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year) 19..
	(To be answered only in event of plural births)				

	FATHER		MOTHER
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Dog, calf or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

Filed ..... 19 .....

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Washington } ss.

DEC 19 4 23 PM '80

Certificate No. 83298
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed female Treasure (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 27, 1920 (Date of Event)

in Idaho Falls, ID (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Ruby L. Treasure

Subscribed and sworn to before me this 17th day of November, 1980.

Notary Public, [signature]
Residing at Beaverton, Oregon
My commission expires 10-5-84
(Seal)

Ruby L. Vermillion
Signature of Applicant

7350 SW 78th Portland, Ore.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary xx)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

7/25/80

MAR 4 1981

Certi of Baptism from the LDS Church gives the name as Ruby Treasure daughter of Don Treasure and Hazel Magleby and was bonr Aug 27, 1920 at Iona, Idaho. Baptized Oct 5, 1929. viewed by V. S.

Diploma from Rigby,High school gives name as Ruby L. Treasure. dated May 19, 1938. viewed by V. S.

753-130-010-867

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 83299

No. ..... St.

Primary Registration District No. 21-0 Registered No. 21 +

Hospital .....

FULL NAME OF CHILD Robert Lowell Petersen

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Julius Fredrick Petersen	FULL MAIDEN NAME	Anne Berta Hoppe
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Chicago	BIRTHPLACE	Chicago
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Hutchins M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Sept 3 1920 [signature]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
BUREAU OF [illegible]
CERTIFICATE OF BIRTH

PLACE OF BIRTH

Registration District No. _____ File No. 83299

No. _____ St. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
	(To be answered only in event of plural births)				

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) _____ (Attended) on the date above stated.

*When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__ Address _____

Filed _____

Registrar _____ Registrar _____

V. S. NO. 14-A CERTIFICATE OF CORRECTION **Reg. No.**_____

Department of Public Health—Division of Vital Statistics.

Name ~~ROBERT HOWELL PETERSEN~~
(As appears on Certificate)

Place of IDAHO FALLS **County of** BONNEVILLE
(Birth, Stillbirth or Death)

Idaho 13th Street **Street or Hospital**
(City, Village, Township or Road District)

Sex ~~male~~ **Date of** 8/30/20 **19**
(Birth, Stillbirth or Death) Month Day Year

I hereby certify that we desire middle name ~~Howell~~ changed
(State here the change desired)
to ~~Howell~~ Robert Lowell Petersen

In place of ~~Howell~~ Robert Howell Petersen
(State here the entry on original certificate)

As appears on the original certificate, and it is desired that the original certificate be corrected in conformity.

Signed W. Frederick Petersen
(Use pen and ink)
Hans J. F. Petersen

~~Chicago, Ill.,~~ 3/24/25 19

Relation to Infant or Deceased } Father
(Parent, Physician, Undertaker, Informant.)

(17939—5M—7-24)

25/412 010-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

Registration District No. 73

File No. 83300

Primary Registration District No. 2120

Registered No. 217

FULL NAME OF CHILD John Curtis Bradley Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Curtis Bradley	FULL MAIDEN NAME	Mattie Irene Kerr
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Toogootee Ind.	BIRTHPLACE	Ogden Utah
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at (Born alive or stillborn), at 8:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Registrar

Filed Aug 1 1920 [signature]

Registrar

APR 7 1942

AUG 20 1973

469-209-010-469
Amended Dec. 20, 1973

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 83302

No. ..... St.

Hospital General

Primary Registration District No. 2 . 0 Registered No. 21 -

FULL NAME OF CHILD Frances Ruth Mortensen

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? No | Date of Birth Aug 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	B. Pete	FULL MAIDEN NAME	Iva Pearl Anna Mortensen
RESIDENCE	Weiser Idaho	RESIDENCE	Simpson Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	?	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	—	BIRTHPLACE	Mount Pleasant Utah
OCCUPATION	Miller	OCCUPATION	Student

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harry L. Willson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Registrar

Filed Sept. 1 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

DEC 20 11 54 AM '73

Certificate No. 83302

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Female Martinsen (Mortensen) (Name on Original Certificate) who was born (Was Born or Died) on Aug 9, 1920 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Records (Bible Record, Insurance Policy, Etc.) prepared on 7 November 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	~~Frances Martinsen~~ Frances Ruth Mortensen

Mother changed from Martinsen to Mortensen

Subscribed and sworn to before me this 26th day of September, 1973.

Notary Public, residing at S.L.C., Utah

My commission expires 11-6-74

(Seal)

NOTARY PUBLIC

Signed Eldon N Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4218 Benview Drive, Salt Lake, Utah 84120
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Church Record of Birth, L.D.S. Church, Salt Lake City, UTah Sept 24, 1973.
Name Frances Ruth Mortensen, born Aug 9, 1920, Idaho Falls, Idaho.
Father H. M. Kite; MOTHER Pearl Mortensen.
Recorded Idaho Falls Stake, Lincoln Ward of Births & Blessings 1920,
Page 1274, Line 459. Entered on record Nov 7, 1920.

DEC 20 1973
JAN 31 1974

(Johnston)

Copy of divorce decree for Pearl Johnston vs Horres Johnston dated Oct 15, 1936 gives a child as Frances Johnson, a daughter. viewed by V.S.

Photocopy of Social Security card #541-30-3570 gives name as Frances Ruth Johnson. viewed by V.S.

Statement by Horres Johnston that he married Pearl Mortensen Sept 1924 and she had a daughter Frances Ruth, who later took his name of Johnston. D ated July 2, 1973 Monteview, Idaho. viewed by V.S.

314216-010-314

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 83303

No. ..... St.

Primary Registration District No. 210-0 Registered No. 214

Hospital General

FULL NAME OF CHILD —

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		No	Aug 16 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Unknown	FULL MAIDEN NAME	Alton Campbell
RESIDENCE	— — ?	RESIDENCE	Idaho Falls
COLOR	? — AGE AT LAST BIRTHDAY ? (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	— ?	BIRTHPLACE	Canada
OCCUPATION	— ?	OCCUPATION	Telephone Op

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Timeless (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls Ida

Filed Sept 1 1920 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

815-122-010-566

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 83304

No. ..... St.

Primary Registration District No. 2120

Registered No. 213

Hospital General

FULL NAME OF CHILD HAROLD MAX HANSON

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twins	✓	Yes	Aug 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward C. Hanson	FULL MAIDEN NAME	Katie Jane Nowlin
RESIDENCE	Ammon Idaho	RESIDENCE	Ammon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Fountain Green Utah	BIRTHPLACE	Willow creek, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Immature (Born alive or stillborn) at 8 00 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Filed Sept 1 1920 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1942

APR 30 1975

815-222-210-566

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—[illegible]

Registration District No. 73 File No. 83305

Primary Registration District No. 2150 Registered No. 212

FULL NAME OF CHILD HELEN HANSON

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twins	1	yes	Aug 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward D. Hanson	FULL MAIDEN NAME	Katie Jane Norblin
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Fountain green Utah	BIRTHPLACE	Willow creek Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 40 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Ray Hatch

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls Ida

Filed Sept 1 1920 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

Certificate No. 83305

Date Filed 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Marjune Hanson (Name on Original Certificate) who born (Was Born or Died) on August 22, 1940 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Helen Hanson

Subscribed and sworn to before me this _____
day of _____, 19____.

_____
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed Ed S. Hanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Idaho R#3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

_____
Notary Public, residing at _____
My commission expires _____
(Seal)

Signed Thirza Jr Jordan
(Signature of Any Credible Person Other Than Previous Year)

565 F St Idaho Falls Idaho
(Street Address, City, State)

JUN 22 1942

JUN 24

[redacted] OF BIRTH

253-212 2011-363

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83306

Registration District No. 79 File No. .....

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Edith Ann Kelly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm. James Kelly	FULL MAIDEN NAME	Daisy Collins
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn.	BIRTHPLACE	Nebraska
OCCUPATION	Woods foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Lancelton. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry Ida

Filed Sept. 1920. E. E. Fry

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 11-19-40 mlp

011-449

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 83307

Hospital Bonners Ferry

Primary Registration District No. 215-6 Registered No. .....

FULL NAME OF CHILD Mrs. Margaret Ellen Buck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 15 1926

FATHER		MOTHER	
FULL NAME	Tom Buck	FULL MAIDEN NAME	Lorene Mayberry
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	North Dakota	BIRTHPLACE	New York
OCCUPATION	Farm Driver	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

(Signature) S. T. Bennett M. D.

(Physician or midwife)

Address Bonners Ferry Ida

Filed Sept. 17 1926. E. E. Fry Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-121-211-217

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 71 File No. 83308

No. ..... St.

Primary Registration District No. 215-6. Registered No. .....

Hospital ..... FULL NAME OF CHILD William Henry Butler

Sex of Child	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 21 1920

FATHER		MOTHER	
FULL NAME	William Butler	FULL MAIDEN NAME	Nora Sage
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Engineer (Stationary)	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 10:15 P. M. on the date above stated.

(Signature) D. E. Dewey M.D.

(Physician or midwife)

Address Bonners Ferry.

Filed Sept. 22 1920

E. E. Fry
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-123-011-134

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79. File No. 83309

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward Wellington Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie Evans	FULL MAIDEN NAME	Leah Aldrich
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Iowa
OCCUPATION	Mill Land	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Francis M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry Ida

Filed Sept. 24 1920

E. F. Fry
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

·691-224·011-494

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79 File No. 83310

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD MARION LUCILIE FRASE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Allen E. Frase	FULL MAIDEN NAME	Eva Middock
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Truck driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Fanatt M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry Ida

Filed Sept. 27 1920

E. E. Fry
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83310

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that to the best of his knowledge, the
true facts as shown by Baptismal Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) April 8, 1928 prepared on June 8, 1938 (GIVE DATE), are:
high school diploma Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Marion Lucille Frase

Subscribed and sworn to before me this 4
day of September, 1954.

Signed Mrs Lena Waddock
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Bonners Ferry

My commission expires August 1, 1955
(SEAL)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Boundary } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of September, 1954.

Signed C. M. Bonner M.D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Bonners Ferry

My commission expires August 1, 1955
(SEAL)

Bonners Ferry Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 31 1955

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296225 011-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 83311

No. ..... St.

Hospital ..... Primary Registration District No. 315-6 Registered No. .....

FULL NAME OF CHILD Geraldine Mary Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	and	yes	Sept 25 1920

FATHER		MOTHER	
FULL NAME	Gerald Brooks	FULL MAIDEN NAME	Mary La Brosse
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mich
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or still born) at 3:15 P.M. on the date above stated.

(Signature) D. E. Dewey M.D.

(Physician or midwife)

Address Bonners Ferry

Filed Sept. 17 1920. E. E. Frye Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

JAN 12 1943

759-201-011-255

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH Amended 8/7/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Moravia

Registration District No. 79 File No. 83313

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy M. Perry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. P. Perry	FULL MAIDEN NAME	Carrie Keen
RESIDENCE	Moravia	RESIDENCE	Moravia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Lancelotte Dr.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry Ida

Filed Oct. 1st 1920. T. E. Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 26 11 24 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83313

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Perry (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 1, 1920 (Date of Event)
in Moravia, Idaho (Boundary) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MARRIAGE CERTIFICATE (Bible Record, Insurance Policy, Etc.) prepared on 10-27-41 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorothy M. Perry
birthplace	Moravia, Idaho	~~Bonners Ferry,~~ Idaho

CERTIFICATE OF COMPLETION 12-11-48

Subscribed and sworn to before me this 9th day of
May, 1978

Notary Public, residing at Moses Lake
My commission expires 1-25-79
(Seal)

Signed Delbert L. Perry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

413 Loop N.R. Moses Lake, Wa.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of GRANT }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of
May, 1978

Notary Public, residing at MOSES LAKE
My commission expires 1-25-79
(Seal)

Signed Michael Kreutzer
(Signature of Any Credible Person)

5421 VERCLER SPOKANE WA 99216
(Street Address, City, State)

FORM DH 60-155

CL 1/16/78 nm

Correspondcne Extension Service Certificate of Completion, Idaho State Dept of Education Work Projects Admin. gives name as Dorothy M. Perry. completed course in American Government. dated 12-11-40. viewed by V. S.

AUG 8 1978

Marriage license from Idaho gives names as Dorhty Perry and Michael Kienholz. dated Oct 28, 1941. viewed by V. S.

4/19-207-

PLACE [redacted]

012-259

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BUTTE

City of ARCO

Registration District No. 59 File No. 83314

No. ..... St.

Primary Registration District No. 3129 Registered No. .....

Hospital .....

FULL NAME OF CHILD DORIS DORATHY MARSH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
FEMALE			YES	Sept 7 1920

FATHER	MOTHER
FULL NAME IAN DAWSON MARSH	FULL MAIDEN NAME CAROLINE ELIZABETH KERCHERVAL
RESIDENCE ARCO IDAHO	RESIDENCE ARCO IDAHO
COLOR WHITE	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE OMAH NEBRASKA	BIRTHPLACE NEBRASKA
OCCUPATION MECHANIC	OCCUPATION HOUSEWIFE

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ALIVE at 8 A M. on the date above stated.
(Born alive or stillborn)

(Signature) [signature]

Physician
(Physician or midwife)

Address Arco, Idaho

Filed 9/8/20 19

[signature]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1949

FEB 25 1949

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154/05-012-553 amended 1/16/81

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BUTTE

City of MOORE

Registration District No. [illegible] File No. 83315

No. ..... St.

Primary Registration District No. 2120 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mark R. Andersen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
MALE					9 (Month) 5 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: JENTIAN WESLEY ANDERSEN	FULL MAIDEN NAME: CHAROLLETT NELSON
RESIDENCE: MOORE IDAHO	RESIDENCE: MOORE IDAHO
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: BRIGHAM CITY UTAH	BIRTHPLACE: SWEDEN
OCCUPATION: FARMER	OCCUPATION: HOUSEWIFE

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 10 D M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed 9/6/20 19....

[signature]
Registrar

[signature]
Registrar

11-13-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 83315
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 5, 1920 (Date of Event)

in Moore (Butte) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Mark R Andersen
fathers last name	Anderson	Andersen

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Mark R. Andersen
Signature of Applicant

833 South Stout
Blackfoot, Idaho 83221
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of November, 19 83.

Notary Public, Mary Bird

Residing at Blackfoot, Idaho

My commission expires 11-2-93

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Honorable Discharge from the U.S. Marine Corps gives name as Mark R Anderdsen dated Oct ?, 1945. viewed by V. S.

JAN 16 1981

Certif of Ordination from the LDS Church gives name as Mark R. Andersen ordained a Deacon on Nov 6, 1932. father's name as J. Wesley Andersen and mother's name. as Charlotte Nielson. born Sept 5, 1920. Baptized Sept 5, 1928. viewed by VS

15K-203-012-743

PLACE OF BIRTH

Form V. S. 11-C 25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore Registration District No. 59 File No. 83316

No. ..... St.

Primary Registration District No. 2149 Registered No. .....

Hospital .....

FULL NAME OF CHILD LOIS Anderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept. 3 1920

	FATHER	MOTHER
FULL NAME	Rulon Joseph Anderson	FULL MAIDEN NAME Leona Putnam
RESIDENCE	Moore	RESIDENCE Moore
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 8:40 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) F. M. Cameron M.D.

(Physician or midwife)

Address Arco Idaho

Filed 8-31 1920 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO
County of BUTTE } ss.

Certificate No. 83316
Date Filed Apr 6 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for UN-NAMED (Name on Original Certificate) who WAS BORN (Was Born or Died) on 3RD DAY OF SEPT. 1920 (Date of Event)
in LOST RIVER PRECINCT (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by CHURCH RECORD (Bible Record, Insurance Policy, Etc.) prepared on OCTOBER 3RD, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
	unnamed	Lois Anderson

Subscribed and sworn to before me this 3RD
day of APRIL, 1942.

Notary Public, residing at ARCO, IDAHO
My commission expires MAY 23RD, 1942.
(Seal)

Signed Winnie Lona P. Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

COPE, IDAHO.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BUTTE } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3RD
day of APRIL, 1942.

Notary Public, residing at ARCO, IDAHO
My commission expires MAY 23RD, 1942.
(Seal)

Signed Ruby B. Garnett
(Signature of Any Credible Person Other Than Previous Year)

Arco Idaho
(Street Address, City, State)

275-211-012-863 name added 12-6-85 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59 File No. 83317

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Margaret Faye Sperry

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Van Sperry	FULL MAIDEN NAME	Saddie Yotter
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hawf.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Cannon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arco, Idaho

Filed Oct 16 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

9-26-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
OCT 30 10 20 PM '85

State of Washington
County of Clallam } ss.

Certificate No. 83317
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Sperry (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 11, 1920 (Date of Event)
in Arco (Butte) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Margaret Faye Sperry

Subscribed and sworn to before me this 10th day of October 19 85
Notary Public, Elsita L Kepplinger
Residing at Port Angeles
My commission expires 3/27/88
(Seal)

x Margaret Faye Lakeway
Signature of Applicant
x 382 Carlsborg Rd. Sequim Wash. 98382
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Clallam } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October 19 85
Notary Public, Elsita L Kepplinger
Residing at Port Angeles
My commission expires 3/27/88
(Seal)

Lakeway
Supporting Signature
467 N E. 01d Corvallis Rd
Street Address, City, State

1 cc pd Corvallis Mt. 59828

Application for insurance from New York Life Ins Co. Lists Margaret F. Sperry as applicant born at Arco on Sept 11, 1920. Dated 11-29-44. Viewed by V.S.

Baptismal certificate lists Margaret Sperry was baptised on Aug 25, 1935 Viewed by V.S.

DEC 6 1985

Certificate of Marriage from State of Washington lists Clarence Lee Roy Jakeway and Margaret Faye Sperry were married March 18, 1954. Viewed by V.S.

854-214-012-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 83318

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD Stella May Yedon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept. 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vincent Vinyard Yedon	FULL MAIDEN NAME	Alta May Petefish
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hsw f.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Cannon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Idaho

Filed Sept 16 1920

E W Fox
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-216-012-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 83319

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Freda Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Sept. 16 1920

FATHER		MOTHER	
FULL NAME	Arthur A. Lewis	FULL MAIDEN NAME	Ethel Robinson
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housef.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Cannon MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Idaho

Filed Sept 19 1920 E. W. Fox

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 2 1942

215-215-012-698

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

(20) County of BUTTE

City of MOORE

No. ..... St.

Hospital .....

Registration District No. 59 File No. 83320

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Shirley Savaria

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
FEMALE			YES	9 15 1920

FATHER	MOTHER
FULL NAME: LAURENCE DOSITE SAVARIA	FULL MAIDEN NAME: ANNA FRY
RESIDENCE: MOORE IDAHO	RESIDENCE: MOORE IDAHO
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: WISCONSIN	BIRTHPLACE: KANSAS
OCCUPATION: FARMER	OCCUPATION: HOUSEWIFE

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ALIVE (Born alive or stillborn), at 9.15 A. M. on the date above stated.

(Signature) [signature]

Physician
(Physician or midwife)

Address Arco, Idaho

Filed 9/16 19 20 [signature]
Registrar

*Where there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 16 1960

DECEASED

445-118-
PLACE OF BIRT [redacted]
004-345

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83321

County of Bear Lake.

City of Paris.

No. ..... St.

Hospital .....

Registration District No. 53 File No. 475

Primary Registration District No. 432 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male.	X		X	Yes.	9	18	1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Teller Hunford.	FULL MAIDEN NAME	Thelma Tueller
RESIDENCE	Paris.	RESIDENCE	Paris Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris Ida
OCCUPATION	Barber	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn) at 9/18/20 - 12 25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P J Sutton

M W (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris

Filed 10/10/20 19.....

P J Sutton Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-117-004-713

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83322

County of Bear Lake

City of Bloomington

Registration District No. 53 File No. 476

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	9 17 1920

(To be answered only in event of plural births)

1920

FATHER		MOTHER	
FULL NAME	Alford A Heart	FULL MAIDEN NAME	Sarah Cecila Patterson
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Sutton

M.W.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris

Filed 10/10/20 19 P. J. Sutton Registrar.

..... Registrar.

...RGIN RESERVED FOR BINDING

...TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

...S.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HART

Dup of 1920-335467

718-110-004-235

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83323

County of Bear Lake

City of Bloomington

Registration District No. 53 File No. 479

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD RUSSELL SAMUEL PAYNE

Sex of Child Male | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9 (Month) 10 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Albert Payne	FULL MAIDEN NAME	Sylvia Sleight
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Sutton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Paris

Filed 10/18/20 19 W. J. Sutton Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 83323
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Russell Samuel Payne (Name on original certificate) who was born (Was born or died) on Sept. 11, 1920 (Date of event)
in Bloomington, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by L. D. S. Church Record (Bible record, insurance policy, etc.) prepared on Sept. 12, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Russell Samuel Payne
Date of birth	Sept. 10, 1920	September 11, 1920

Subscribed and sworn to before me this 17th. day of Sept., 19 41

Notary Public, residing at Paris, Idaho.

My commission expires Oct. 1, 1942

[SEAL]

Signed James A. Payne.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

285-115-004-753

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83324

County of Bear Lake.

City of Ovid.

Registration District No. 53 File No. 478

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Raymold Henry Shepherd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	x	1	Yes	Sept. 4. 1920

FATHER	MOTHER
FULL NAME Edwin H. Shepherd	FULL MAIDEN NAME Elvina Peterson
RESIDENCE Paris Ida.	RESIDENCE Ovid
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Paris.	BIRTHPLACE Ovid
OCCUPATION Laborer.	OCCUPATION Home Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. J. Sullivan M.D.
(Physician or midwife)

Address Paris.

Given names added from a supplemental report. ..... 19....

Filed 10/10/20 19.... P. J. Sullivan
Registrar.

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/17/41

619-117-004-215

PLACE OF BIRTH

amend 12-21-81

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 53 File No. 83325

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dean Thomas Ward

Sex of Child Male | Twin Triplet or other? ✓ and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 9 (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo. H Ward	FULL MAIDEN NAME	Clarissa Banderson
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Sutton

M.W.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris

Filed 10/10/20 19.... J. Sutton Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4-1-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
DEC 16 9 48 AM '81

State of Idaho
County of Bear Lake } ss.

Certificate No. 83325
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Ward (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 17, 1920 (Date of Event)

in Bloomington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Dean Thomas Ward

Subscribed and sworn to before me this 14th day of December, 19 81.
Notary Public, Norma Dee Nelson
Residing at Montpelier, Idaho
My commission expires Life
(Seal)

Dean Thomas Ward
Signature of Applicant

Bloomington, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of December, 19 81.
Notary Public, Norma Dee Nelson
Residing at Montpelier, Idaho
My commission expires Life
(Seal)

Bryan L. Booth
Supporting Signature

Fish Haven, Idaho
Street Address, City, State

K

2cc

Bloomington Ward Records LDS Church gives Dean Thomas Ward born to George H Ward and Clarissa Bunderson on 9-17-20 at Bloomington, Idaho was Blessed 11-7-20. Viewed by V.S.

Index to Logan Temple Records from LDS Church gives Dean Thomas Ward born 9-17-20 in Bloomington was married to Edyth Shurtliff on 7-22-46. Viewed by V.S.

632-216-004-355

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83326

County of Bear Lake

City of Paris

Registration District No. 53 File No. 480

No. St.

Primary Registration District No. 2132 Registered No.

Hospital

FULL NAME OF CHILD Beulah Olsen

Sex of Child Female | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9 (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Robert H. Olsen	FULL MAIDEN NAME	Eva Lee
RESIDENCE	Fairfield Ida	RESIDENCE	Fairfield
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9/16/20 10:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Button M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Paris

Filed 10/10/20 19 J. Button Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1958

391-212-004-253

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83327

County of Bear Lake

City of Paris

Registration District No. 53 File No. 474

No. ..... St.

Primary Registration District No. 2132 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charline Crawford

Sex of Child Female | Twin Triplet or other? x and Number in order of birth x (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Ruel Crawford	FULL MAIDEN NAME	Rhoda Bellis
RESIDENCE	Paris Ida	RESIDENCE	Paris Ida
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9/12/20 8 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P J Sutton

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paris Paris Ida

Filed 10/10/20 19.... P J Sutton Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

name added 8-11-70

PLACE OF BIRTH

285-106 #14-235

County of Canyon

City of Huston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 83328

Primary Registration District No. 2005 Registered No. 206

FULL NAME OF CHILD Thomas Benton Shelton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1st	yes	Aug. 6 1920

	FATHER	MOTHER
FULL NAME	Arthur Dixon Shelton	FULL MAIDEN NAME Ella Maude Blasingame
RESIDENCE	Huston R 4	Huston R 4
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Caldwell Ida	Star Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct. 2 1920 John S. Meyer

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 1 1 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83328

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Shelton (Name on Original Certificate) who was born (Was Born or Died) on August 6, 1920 (Date of Event)
in Huston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Thomas Benton Shelton

Subscribed and sworn to before me this 11th day of August, 19 70

Notary Public, residing at Boise, Idaho

My commission expires 6-1-71

(Seal)

X Signed Carroll D. Shelton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3900 Federal Way - Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

in office 8-11-70

Social Security Card #519-34-2909 gives name as Thomas Benton Shelton.-viewed VS

Withholding tax statement 1961 gives name as Thomas Benton Shelton Copy-C for employee's records. - viewed by VS

285-206-014-275

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Huston Rt 1 Registration District No. 3 File No. 83329

No. ..... St. Primary Registration District No. 2005 Registered No. 207

Hospital .....

FULL NAME OF CHILD Iris Bernice Skelton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			2	yes	Aug 6 1920

	FATHER	MOTHER
FULL NAME	Arthur Dixon Skelton	Ella Maud Blessinger
RESIDENCE	Huston Rt 1	Huston Rt 1
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Caldwell Ida	Star Ida
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4:35 P. M. on the date above stated.

(Signature) G W Montgomery M D

(Physician or ~~midwife~~)

Address Caldwell Ida

Filed Oct. 2 1920 John L Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1954
JUN 13 1966

MAR 31 1954

4/15-216-014-195

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 11 1 Albany St.

Hospital Sterneland

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 83330

Primary Registration District No. 1005 Registered No. 204

FULL NAME OF CHILD Jean Madeline Davis

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/		/	Yes	Aug. 16 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Scott Davis	Effie Arnold
RESIDENCE	Route 2 Caldwell	Caldwell, Route 2
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Western Grove, Arkansas	Richland, Arkansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9-26 1920 John L. Meyers Registrar

DEC 8 1942

JAN 1 9 1954

381-206-014-235

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

Registration District No. 3 File No. 83331

Primary Registration District No. 2005 Registered No. 209

FULL NAME OF CHILD OPAL JEAN CHAMBERLAIN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept. 6 1920

FATHER		MOTHER	
FULL NAME	F. A. Chamberlain	FULL MAIDEN NAME	Ruby Sleeper
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa-	BIRTHPLACE	Nebraska.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9-7- 1920 John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Shasta } ss.

Certificate No. 83331

Date Filed Sept. 7, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on September 6, 1920 (Date of Event)
in Notus, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Viewed by Div. of Vital Statistics. Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on Jan. 31, 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Unnamed	OPAL JEAN CHAMBERLAIN

Subscribed and sworn to before me this 26th day of November 1954

Tilda E. Douthit
Notary Public, residing at Redding, California
My commission expires May 28, 1958
(Seal)

Signed Ruby S. C. Chamberlain
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Barbara } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of November 1954

Notary Public, residing at Santa Monica, Calif
My commission expires August 12, 1958
(Seal)

Signed Rachel S. Bitner
(Signature of Any Credible Person)

505 W Lemon St, Santa Monica Calif
(Street Address, City, State)

DPH 52.155

DEC 8 1954

495-107-014-695

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83332

County of Canyon.

City of Notus Ida. Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 21

Hospital

FULL NAME OF CHILD Eldon John Dietrich

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	S	3	yes	Sept. 7 1920

FATHER	MOTHER
FULL NAME Charles A. Dietrich	FULL MAIDEN NAME Augusta Fink
RESIDENCE Notus — Ida	RESIDENCE Notus — Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Notus — Idaho.	BIRTHPLACE Caldwell — Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M D

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

19

Registrar

Filed 9-8- 1920 John A. Meyer.
Registrar

MAY 27 1942

FEB 1 1946

689-109-014-645

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 83333

No. ..... St.

Primary Registration District No. 2005 Registered No. 211

Hospital .....

FULL NAME OF CHILD Leslie Eugene Wyrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Sept 9 1920

FATHER		MOTHER	
FULL NAME	Charles F. Wyrick	FULL MAIDEN NAME	Kathryn Odell
RESIDENCE	Caldwell Idaho.	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Knoxville Tenn.	BIRTHPLACE	Lockwood Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. F. Skaden

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell, Idaho.

Filed 9-10- 1920 John S. Meyer Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1960

133-110-014-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 207 Elgin St.

Hospital

Registration District No. 3 File No. 83334

Primary Registration District No. 1005 Registered No. 213

FULL NAME OF CHILD John Thorwald Allison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes.	Sept.	10	1920

FATHER		MOTHER	
FULL NAME	John M. Allison	FULL MAIDEN NAME	Madge Harriet
RESIDENCE	Caldwell, Idaho.	RESIDENCE	Caldwell, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 9-11- 1920 John L. Imeyer.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1942

249-d12-01X-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1210 Cleveland St.

Hospital Yes

Registration District No. 3 File No. 83335

Primary Registration District No. 1005 Registered No. 213

FULL NAME OF CHILD Elaine Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	9 12 1920

FATHER		MOTHER	
FULL NAME	Harold J. Smith	FULL MAIDEN NAME	Adaline Lola Christiansen
RESIDENCE	1210 Cleveland – Caldwell.	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Broker	OCCUPATION	Housewife –

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D.
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 9-14- 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of King

Certificate No. 83335

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Elaine Smith (Name on Original Certificate) who was born (Was Born or Died) on 9-12-20 (Date of Event)

in Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Elaine Smith	Elaine Marie Smith

Subscribed and sworn to before me this SEP 28 '56 day of 19

Notary Public, residing at Seattle Wash
My commission expires Jan 10 1957
(Seal)

Signed Adeline C. Chitty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1707-28th W. Seattle 99, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this SEP 28 '56 day of 19

Notary Public, residing at Seattle Wash
My commission expires Aug 24 196
(Seal)

Signed Charles H. Crispy
(Signature of Any Credible Person)

4327-29th Ave West Seattle 99 Wash
(Street Address, City, State)

Form DRH 55-155

28921 PLACE OF BIRTH
014-814

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 202 Arthur St.

Registration District No. 3 File No. 83336

Hospital Rose Primary Registration District No. 1005 Registered No. 214

FULL NAME OF CHILD Yasuko Shiriashi

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Sept. 12 1920

FATHER		MOTHER	
FULL NAME	Bob Shiriashi	FULL MAIDEN NAME	K. Yamasaki
RESIDENCE	Caldwell - 202 Arthur	RESIDENCE	Caldwell 202 Arthur
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostatic copy 7/22/42

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:50 A. M. on the date above stated.

(Signature) C. M. Raley M D

(Physician or midwife)

Address

Filed 9-14- 1920 John L. Dreyer. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 19336

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Rose Yasuko Shiraishi (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 9-12-1920 (DATE OF EVENT)
in Caldwell Ida. (PLACE OF EVENT), are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Rose Yasuko Shiraishi	Rose Yasuko Shiraishi
Name of Father	Bow Shiraishi	T. Shiraishi

Subscribed and sworn to before me this 22nd
day of April, 1942.

Ernest Anderson
Notary Public, residing at Parma Idaho
My commission expires February 11-1946.
(SEAL)

Signed K. Shiraishi
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Parma, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of April, 1942.

Ernest Anderson
Notary Public, residing at Parma Idaho
My commission expires February 11-1946
(SEAL)

Signed T. Shiraishi
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Parma, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1942 By .....
(REGISTRAR'S SIGNATURE)

JUL 2 2 1942

517-215-014-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R5

Registration District No. 3

File No. 83337

No. ..... St.

Primary Registration District No. 2005

Registered No. 215

Hospital .....

FULL NAME OF CHILD Vesta L. Nagele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Sept 15 1920

FATHER		MOTHER	
FULL NAME	Adam Fred Nagele	FULL MAIDEN NAME	Pearl Angie Burke
RESIDENCE	Caldwell Ida R5	RESIDENCE	Caldwell Ida R5
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Miller S. Dak
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 a M. on the date above stated.

(Signature) H.W. Montgomery MD

(Physician or midwife)

Address Caldwell Ida

Filed Oct. 2 1920 John S. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 83337

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Nagele (Name on Original Certificate) who was born (Was Born or Died) on Sept 15, 1920 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Vesta Lois Nagele

Subscribed and sworn to before me this 2 day of January, 1969

Hazel L. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept. 28, 1972
(Seal)

Signed Stella Sharpan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1401 Empire Way Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

No documents available that give full name so name added to certificate as Vesta L. Nagele only.

Gem State Academy graduation record dated May 9, 1940, Caldwell, Idaho gives name as Vesta Lois Nagele. viewed by V.S.

Social Security Card, #519-16-5618, ~~xxxxxx~~ gives name as Vesta L. Nagele. viewed by V.S.

JAN 2 1949

313-218-014-244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 924 Main St.

Registration District No. 3 File No. 83338

Primary Registration District No. 1005 Registered No. 216

Hospital

FULL NAME OF CHILD Gwelda Elizabeth Tatum

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 18 1920

	FATHER	MOTHER
FULL NAME	Walter Franklin Tatum	Lottie Summers
RESIDENCE	Caldwell Ida	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Carpenter	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Montgomery M.D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 2 1920

John L. Meyer

Registrar

AUG 19 1942

653.21 8014-391

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital yes

Registration District No. 3 File No. 83339

Primary Registration District No. 2005 Registered No. 217

FULL NAME OF CHILD Marjorie Welbourn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Robert Henry Welbourn	FULL MAIDEN NAME	Jean Doris Travis
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 1 [illegible] M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Sept. 19 1920 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 83339

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on September 18, 1920 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marjorie Welbourn

Subscribed and sworn to before me this 1st
day of September, 19 42.

[signature]
Notary Public, residing at Parma, Idaho
My commission expires 1-20-44
(Seal)

Signed Mrs. P. H. Welbourn - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of September, 1942.

[signature]
Notary Public, residing at Parma, Idaho
My commission expires 1-20-44
(Seal)

Signed A. G. McLean
(Signature of Any Credible Person Other Than Previous Year)

Parma, Idaho
(Street Address, City, State)

SEP 4 1942

455-118-014-643

Form V. S. No. 11-C-35m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Greenleaf

No. _____ St.

Hospital —

Registration District No. 3 File No. 83340

Primary Registration District No. 2005 Registered No. 218

FULL NAME OF CHILD Edward Arlan Mendenhall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Sylvester A. Mendenhall	FULL MAIDEN NAME	Estella May Odle
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed Sept. 19 1920 John P. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

YEAR: 1920

FILE # 83341

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-83341 A & B NOT TWINS

4/2.219.014-844

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 83341A

No. ____ St. — Primary Registration District No. 2005 — Registered No. 220

Hospital Yes

FULL NAME OF CHILD Venona Irene Mason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	9	19	1920

FATHER		MOTHER	
FULL NAME	Oliver Mason	FULL MAIDEN NAME	Annie Humphreys
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.B. Dudley M.D.
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

Registrar

Filed Sept. 21 1920 John H. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1945

514-021-014-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 83341 B

No. #1 Rural St.

Primary Registration District No. 2005 Registered No. 221

Hospital ----

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 21 20

FATHER		MOTHER	
FULL NAME	Anthony H. Naus	FULL MAIDEN NAME	Mary Watson
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 615 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. R. Dudley

(Physician or ~~midwife~~ M. D.)

Address

Given names added from a supplemental report.

19

Registrar

Filed Sept. 22 - 1920 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920 DS2-3095

114-224-014-231

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 83342

Primary Registration District No. 2005 Registered No. 222

FULL NAME OF CHILD Evie Catherine James

Sex of Child Female | ~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry A. James	FULL MAIDEN NAME	Neva Stamper
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Amston Alabama	BIRTHPLACE	Athena Oregon.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 7 a. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed 9-26- 1920 John S. Meyer Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11325 - name added 6-1 [redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

009-314

County of Bonner

City of Sandpoint

No. ..... St.

Hospital City Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78

File No. 83343

Primary Registration District No. 2155

Registered No. .....

FULL NAME OF CHILD Jean Dale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 25 1920

FATHER		MOTHER	
FULL NAME	Al Dale	FULL MAIDEN NAME	Jesse Campbell
RESIDENCE	Kootenai, Idaho.	RESIDENCE	Kootenai, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Canada
OCCUPATION	Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) [signature]

(Physician or midwife)

Address Sandpoint, Idaho.

Filed Sept 8 1920

FLOYD G. WENDLE
Registrar

[redacted]

JUL 13 1966

9-14-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUN 1 1982
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 83343
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Dale (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 25, 1920 (Date of Event)

in Sandpoint, (Bonner) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Jean Lillian Dale

Subscribed and sworn to before me this 12th day of May, 1982.

Notary Public, Patricia L. Frankovic
Residing at Spokane, WA 99201
My commission expires 6/7/83
(Seal)

Jean L. Mancini
Signature of Applicant

214 W. 24th Spokane Wa. 99203
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Jean L. Mancini
Supporting Signature

214 W. 24th Spokane Wa.
Street Address, City, State

Kootenai School of Kootenai Idaho Bonner County School District records give Jean Dale daughter of A.W. Dale age 6 on Sept 1926. Viewed by V.S.

JUN 17 1982

Oregon Mutual Savings Bank of Portland OR gives Jean L Dale opened account on 2-7-74. Viewed by V.S.

689-130-

014-319

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of Canyon

BUREAU OF VITAL STATISTICS

City of Nampa name added 10-6-82

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 83344

No. 123 13th Ave. N. St.

Primary Registration District No. 1006 Registered No.

Hospital

Full Name of Child Claude J. Whitehead

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	X	X	yes	Aug 30 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J Whitehead	Bula Carrington
RESIDENCE	Nampa Idaho	Nampa Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Ark	Texas
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 35' P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Murray M. D.

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

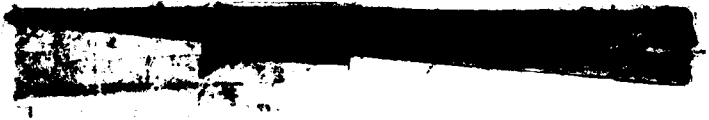
..... 19....

..... Registrar

Filed Oct 7 1920 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



9-14-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 5 12 15 PM '82

State of Idaho
County of Bannock } ss.

Certificate No. 83344
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Whitehead (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 30, 1920 (Date of Event)

in Nampa (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Claude Jacob Whitehead

Subscribed ~~and sworn~~ to before me this 18th day of September, 19 82
Notary Public, Claudia Cacorne
Residing at 345 W. Whitman, Poc. Idaho
My commission expires April 1, 1986
(Seal)

X Claude Jacob Whitehead
Signature of Applicant
796 Cherry Pocatello Ida.
Street Address, City, State

OFFICIAL SEAL
NANCY REID
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SANTA BARBARA COUNTY
My Commission Expires June 1, 1984

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Barbara } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of September, 1982
Notary Public, Nancy Reid
Residing at 5092 Calle Real Goleta 93117
My commission expires June 1 1984
(Seal)

Pauline C Cavalletto
Supporting Signature
1100 Glen Annie Rd
Street Address, City, State
Goleta Ca 93117

1 cc pd

Honorable Discharge from U. S. Marine Corps gives Claude Whitehead born Aug 30, 1920 was discharged 12-28-45. Viewed by V.S.

OCT 6 1982

Payroll Change request for Claude Whitehead born 8-30-20 with Health and Welfare Genl Shop-Motor. Document dated and effective 12-10-56. Viewed by V.S.

466-102-014-298

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH
name added 10-25-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

Registration District No. 9 File No. 83345

No. # 2 St.

Primary Registration District No. 2005 Registered No. 223

Hospital

FULL NAME OF CHILD Kenneth Cecil Downing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 2 1920

FATHER	MOTHER
FULL NAME: Wm. H. Downing	FULL MAIDEN NAME: Eva M. Bryant
RESIDENCE: Huston # 2	RESIDENCE: Huston # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Michigan
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley
M. D.
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Oct 5 1920 John S. Meyers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10/21/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 22 1 38 PM '82

State of Idaho
County of Ada } ss.

Certificate No. 83345
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Downing (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 2, 1920 (Date of Event)

in Huston, Idaho (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Kenneth Cecil Downing

Subscribed and sworn to before me this 21 day of October, 1982.

Notary Public, Teresa L. Qually

Residing at Boise, Idaho

My commission expires April 3, 1985

(Seal)

Kenneth C. Downey
Signature of Applicant

Rt. 1, Homedale Ida. 83628
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security Account Card gives Kenneth Cecil Downing as Employee and Date of Issue of the card is 3-10-38. Viewed by V.S.

Honorable Discharge from the U.S. Navy gives Kenneth Cecil Downing was discharged February 3, 1946. Viewed by V.S.

363-202-014-295

amended 8-13-62

(Be sure the information is complete and accurate)

State File No. 83346

Local Reg. No. 224

Reg. Dist. No. 3

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 718 Chicago

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Helena b. (Middle): May c. (Last): Cole

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): October 2, 1920

FATHER OF CHILD

7. FULL NAME a. (First): Charles b. (Middle): Edgar c. (Last): Cole

8. COLOR OR RACE: white

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Indian Territory

11a. USUAL OCCUPATION: Mechanic

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Cleoria b. (Middle): c. (Last): Kinder

13. COLOR OR RACE: white

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: C. M. Kaley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct. 5, 1920

20. REGISTRAR'S SIGNATURE: John S. Meyer

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

FORWARD TO DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Report card gives name as Helena May Cole. Dated 1929. Viewed by VS.
Report card gives name as Helena May Cole. Dated 1930. Viewed by VS. Nampa Public Schools.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Owyhee } ss.

Certificate No. 83346

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helena Nay Cole (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1920 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Helena Nay Cole	Helena May Cole
Full Maiden Name of Mother	Cleoria Karcher	Cleoria Kinder

Subscribed and sworn to before me this 10 day of August, 1961.
Helen Faye
Notary Public, residing at Homedale, Ida.
My commission expires 8/20/63
(Seal)

Signed Cleoria Kinder Cole,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2313 Farmdale Ave. No. Hollywood, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Owyhee } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 1961.
Helen Faye
Notary Public, residing at Homedale, Ida.
My commission expires 8/20/63
(Seal)

Signed Margaret Kinder
(Signature of Any Credible Person)
Wilder R 1 Ida
(Street Address, City, State)

FORM DH 60-155 CL 10-24-60. one copy pd.

Marriage certificate gives name as Cleoria Kinder. Dated August 12, 1917. Viewed by VS.

School Record from Oregon Public Schools gives name as Cleoria Kinder and birthplace as Prineville, Oregon. Dated September 14, 1914. Viewed by V.S.

297-204-014-795

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Huston

No. # 2 -St.

Hospital ---

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 83347

Primary Registration District No. 2005 Registered No. 226

FULL NAME OF CHILD Mary Elizabeth Biggor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 4 1920

FATHER		MOTHER	
FULL NAME	Charles Biggor	FULL MAIDEN NAME	Fannie Gregory
RESIDENCE	Huston, Route # 2	RESIDENCE	Huston Route # 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Mass
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. M. Kaley

M. D
(Physician or midwife)

Address

Filed 10-7- 1920 John V. Brayer
Registrar

JAN 28 1971

NOV 20 1943

265·205·014-749

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH
Amended 8-18-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Bowmont

No. ..... St.

Hospital .....

Registration District No. 3 File No. 83348

Primary Registration District No. 2005 Registered No. 226

FULL NAME OF CHILD Marie Swedlund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	C.A. Swedlund	FULL MAIDEN NAME	Hazel Gurwell
RESIDENCE	Bowmont, Idaho	RESIDENCE	Bowmont, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.M. Cole

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 10-7- 1920

John P. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-18-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 83348
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Swedlund (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-5-20 (Date of Event)

in Bowmont (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Marie Swedlund

Subscribed and sworn to before me this 18 day of August, 19 81.

Notary Public, Teresa L. Cleverly

Residing at Boise, Idaho

My commission expires April 3, 1985

(Seal)

Hazel L Swedlund
Signature of Applicant

Nampa Ida R3565
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

credit lcc

Birth Certificate for Jay Lynn Young state file # 56-8297 gives Marie Swedlund mother and Earl Lee Young father born 7-8-56. Viewed by V.S.

AUG 18 1981

Marriage Certificate gives Marie Sedlund married Earl L Young on 9-23-38 in Weiser. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
06-014-
[illegible]y of Cany[illegible]

City of Caldwell

No. — St.

Hospital Yes

Registration District No. 3 File No. 83349

Primary Registration District No. 1005 Registered No. 227

FULL NAME OF CHILD — RALPH WALTER JANES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 6 1920

FATHER		MOTHER	
FULL NAME	Herbert Walter Janes	FULL MAIDEN NAME	Louise Helen Falk
RESIDENCE	Caldwell, Idaho.	RESIDENCE	Caldwell, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	South Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address

Filed Oct. 9 1920 John S. Meyer
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 19962

State of Oregon } ss.
County of Clackamas

Date Filed NOV 27 1941

The undersigned does solemnly swear that certain facts on the certificate of Ralph Walter Janes (Birth or death)

for Unnamed Jaynes (Name on original certificate) who was born (Was born or died) on Oct. 6th, 1920 (Date of event)

in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on Feb. 19th, 1940 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Jaynes	Ralph Walter ~~Jaynes~~ Janes

Subscribed and sworn to before me this 23, day of October, 1941

Ida Mae Tunnell
Notary Public, residing at Oswego,

My commission expires April 16th, 1944

[SEAL]

Signed Lonnie H. James
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

658 Fifth St. Oswego, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Clackamas

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25rd day of October, 1941

Ida Mae Tunnell
Notary Public, residing at Oswego,

My commission expires April 16th, 1944

[SEAL]

Signed Herbert W James
(Signature of any credible person other than the previous affiant.)

658 Fifth St. Oswego, Oregon
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUL 7

356-118-014-396

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Applevally Prect.

Registration District No. 3

File No. 83350

No. ..... St.

Primary Registration District No. 2007

Registered No. 76

Hospital .....

FULL NAME OF CHILD William Elmer Lewis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	—		—	yes	Sept. 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Lewis	FULL MAIDEN NAME	Josephine Crosswhite
RESIDENCE	Parma R. 2.	RESIDENCE	Parma R. 2.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Engineer (farmer now)	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sep 30 1920 [illegible]

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

384-119014-133

[redacted]ACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 3

File No. 83352

Primary Registration District No. 2007

Registered No. 74

FULL NAME OF CHILD William Edward Church

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 19th 1920

FATHER		MOTHER	
FULL NAME	Geo S. Church	FULL MAIDEN NAME	Esther Mary Allan
RESIDENCE	Canyon Co.	RESIDENCE	Canyon Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Nebo Mo
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Newell M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Wilder Idaho

19

Registrar

Filed [redacted] 3 1920 Lulu Waldrop
Registrar

S-Y-CO 38071

MARGIN RESER[redacted] FOR BINDING

WRITE PLAINLY WITH UNFADING [redacted] THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 21, 1941. E.W.

AUG 22 1958

17-91-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH 242-101-014-652

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell

Registration District No. 3

File No. 83353

No. ..... St.

Primary Registration District No. 2007

Registered No. 73

Hospital .....

FULL NAME OF CHILD Homer Bushby Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	6th	Yes	Sept 7 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Homer A. Bushby	FULL MAIDEN NAME	Maggie West
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill.	BIRTHPLACE	Kan.
OCCUPATION	Real Estate Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sep 10 19.....

Lulu Waldrop

Registrar

695-116-014-914

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct Registration District No. 9 File No. 83354

No. ____ St. Primary Registration District No. 2007 Registered No. 72

Hospital ____

FULL NAME OF CHILD Allen Rothwell

Sex of Child	Twin / Triplet / or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	yes.	Aug 16 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Rothwell	Fannie Ramsey
RESIDENCE	Roswell	Roswell
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 A.M. on the date above stated.

(Signature) Chas. B. Allen

(Physician or midwife)

Address ____

Filed Sep 30 1920 Lulu Waldrop Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 0 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

543-114-014-419

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Apple valley precinct Registration District No. 8 File No. 83355

No. ..... St. Primary Registration District No. 2007 Registered No. 71

Hospital .....

FULL NAME OF CHILD Charles Niel Nutter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	—	yes.	Aug. 14 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles N. Nutter	Flora Martin
RESIDENCE	Parma R. 2.	Parma R. 2.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	29	19
BIRTHPLACE	Colo.	Kans.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

(Signature) Chas. B. Allen

(Physician or midwife)

Address .....

Filed 9/20 1920

Lulu Waldrop Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

79-212-014-735

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct Registration District No. 8 File No. 83356

No. ____ St. Primary Registration District No. 2007 Registered No. 70

Hospital ____

FULL NAME OF CHILD Grace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem	—	—	yes.	Aug. 12 1920

FATHER		MOTHER	
FULL NAME	Curtis L. Grace	FULL MAIDEN NAME	Jane Bleghorn
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mo.	BIRTHPLACE	Ala.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (at 6 mos. pregnancy) at 4:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Address ____

Given names added from a supplemental report.

* ____ 19____

____ Registrar

Filed Sept 30 1920 Lucky Galdwell Registrar

S-V-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-203-01 X-959

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct Registration District No. 9 File No. 83357

No. ____ St. Primary Registration District No. 2007 Registered No. 69

Hospital ____

FULL NAME OF CHILD Lois Mildred Clark

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
fem	—	—	yes.	Aug (Month) 8 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: Archie H. Clark	FULL MAIDEN NAME: Alta Reigles
RESIDENCE: Parma	RESIDENCE: Parma
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Iowa
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 a. M. on the date above stated.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Address ____

Filed Sep 30 1920 Lulu Waldron Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

.... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1951

685-210-014-443

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 1[illegible]

Registration District No. 3 File No. 83358

Primary Registration District No. 2.1.0.7. Registered No. 68 67

FULL NAME OF CHILD Helen Mildred Wheatley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	4	Yes	Sept. 10 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Larris A. Wheatley	Julia Mullins
RESIDENCE	Parma	Parma
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 1 9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Address Parma

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sep 10 1920 Ruby Waldrop Registrar

328

Social Security Application, dated Aug. 30, 1939, #519-12-7183 gives full name as Helen Mildred Wheatley, born Sept. 10, 1920 at Parma, Idaho to Larris A. Wheatley and Julia Jeannette Mullis - viewed by V.S. Own Child's Birth Cert. on file: (Idaho Birth) #52-12764 gives full maiden name of mother as Helen Mildred Wheatley - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 83358

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Wheatley (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 10, 1920 (Date of Event) in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Helen Mildred Wheatley

Subscribed and sworn to before me this 16th day of May 1962

Ernest Anderson

Notary Public, residing at Parma, Idaho
My commission expires March 19, 1966
(Seal)

Signed Mrs. Gordon Hammond Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1209 Blaine Street - Caldwell, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May 1962

Ernest Anderson

Notary Public, residing at Parma, Idaho
My commission expires March 19, 1966
(Seal)

Signed Julia J. Wheatley Mother
(Signature of Any Credible Person)
1209 Blaine St. Caldwell, Idaho.
(Street Address, City, State)

FORM DH 60-155 CL 5-9-62. ~~xx~~ one copy pd. rec. #11218.

NOV 30 1962

462-214.014-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3

File No. 83359

Primary Registration District No. 1007

Registered No. 77

FULL NAME OF CHILD Clarabel Moss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Sep 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cyrus E Moss	FULL MAIDEN NAME	Edna G Henderson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Kan
OCCUPATION	Poultry business	OCCUPATION	H W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Waldrop M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sep 20 1920 Lulu Waldrop

Registrar

281-211-014-281

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 83360

No. 814-11th Ave. So. St.

Primary Registration District No. 1886 Registered No.

Hospital No

FULL NAME OF CHILD Mary Margaret Shawhan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one	6th	yes	Sept. 11, 1920

FATHER

FULL NAME Glenn Elmo Shawhan

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Sigourney, Iowa

OCCUPATION Physician & Surgeon

MOTHER

FULL MAIDEN NAME Margaret Helen Shawhan

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Chrystal Lake, Ill.

OCCUPATION housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glenn E. Shawhan

(Physician ~~or midwife~~)

Address 814 - 11th Ave. So.

Given names added from a supplemental report.

19

Registrar

Filed Oct. 9 1920 Pearle Dodd

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 3 1945

JAN 14 1958

753/24-01X-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____ Registration District No. 7 File No. 83361

No. _____ St.

Primary Registration District No. 2006 Registered No. _____

Hospital _____

FULL NAME OF CHILD Arthur Ross Pettijohn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	9-24-1920

FATHER

FULL NAME Ross Jacob Pettijohn

RESIDENCE Melba, Id

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Washington

OCCUPATION Book Keeper

MOTHER

FULL MAIDEN NAME Hilda Elenora Moore

RESIDENCE Melba, Id

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 15 P. M. on the date above stated.

(Signature) Samuel A Swayne M.D.

Melba, Id.
(Physician or midwife)

Address _____

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed Oct 3 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1954

962-107 1014-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ca

City of Melba

No. ..... St.

Hospital .....

Registration District No. 7 File No. 83362

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD JENS DOUGLAS Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 7 1920

FATHER		MOTHER	
FULL NAME	Frank Ether Roberts	FULL MAIDEN NAME	Ellen Cecilia Larsen
RESIDENCE	Melba, Id. 1½ mi. W.	RESIDENCE	Melba, Id., 1½ mi. W.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mexico	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 15 1920 Fea-le Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 83362

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jens Douglas Roberts (Name on Original Certificate) who was born (Was Born or Died) on Sept 20th - 1920 (Date of Event)
in Malta Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on Sept 20 - 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Roberts	Jens Douglas Roberts

Subscribed and sworn to before me this 25th
day of February, 19 42
Thomas Alston Notary Public
Notary Public, residing at Salt Lake City, Utah
My commission expires Aug. 21-1945
(Seal)

Signed Ellen Roberts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
915 So 9 East, Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 16 1966

MAR 2 1942

545-116-014847

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

Registration District No. 7 File No. 83363

No. ..... St.

Primary Registration District No. 2004 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lannie Elvin Emerson

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9 (Month) -16- (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Herbert Emerson	FULL MAIDEN NAME	Myrtle Irene Hughes
RESIDENCE	Melba, Id, 3 mi S.	RESIDENCE	Melba, Id., 3 mi S.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Colorado.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne, M.D.,

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Oct 9 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1943

MAY 5 1943

883-207-014-994

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 7 mi. So. of Nampa St.

Registration District No. 7 File No. 83364

Primary Registration District No. 1002 Registered No.

Hospital —

FULL NAME OF CHILD Hallie Jean Hylton

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Oct 7 1920

FATHER		MOTHER	
FULL NAME	Roy P. Hylton	FULL MAIDEN NAME	Callie Riddleberger
RESIDENCE	7 mi. So Nampa R 4	RESIDENCE	7 mi so Nampa R 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kansas
OCCUPATION	Evangelist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 30 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) Leo N Chilton

(Physician or ~~midwife~~)

Address Nampa Idaho

Filed Oct 9 1920 Pearle Dodds
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1966

694207-014-634

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 83366

Primary Registration District No. 1554 Registered No. .....

FULL NAME OF CHILD ..... Wanda Ord

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		5	yes	10 7 1920

FATHER

FULL NAME: Robert J. Ord

RESIDENCE: Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 49 (Years)

BIRTHPLACE: Utah

OCCUPATION: Real Estate Dealer

MOTHER

FULL MAIDEN NAME: Erma L. Olmstead

RESIDENCE: Nampa

COLOR: white

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Nevada

OCCUPATION: House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.00 P M. on the date above stated.

(Signature) Leo R Proctor

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 9 1920 Pearle Dodds

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of Ada } ss.

Certificate No. 83366

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Wanda Ord

Subscribed and sworn to before me this 13th day of July, 19 42.

Mary B. Edwards

Notary Public, residing at Boise, Idaho.

My commission expires Nov. 6, 1944.

(Seal)

Signed Emma Lillian Ord

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1620 7th St., S. Alhambra, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____.

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed _____ (Signature of Any Credible Person Other Than Previous Year)

_____ (Street Address, City, State)

JUL 13 1942

315-226-014-796

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 83367

No. ..... St.

Primary Registration District No. 2056 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lucille Georgia Lane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	9	26	1920

FATHER		MOTHER	
FULL NAME	Geo. W. Lane	FULL MAIDEN NAME	Mary Melissa Gross
RESIDENCE	Meridian RT 1	RESIDENCE	Meridian RT 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 9 1920 Pearl E Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
APR 4 1968
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 83367

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Lucille Georgia Lane (Name on Original Certificate) who born (Was Born or Died) on Sept. 26, 1920 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record & School Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name first and middle	none	Lucille Georgia Lane

Subscribed and sworn to before me this 1st day of April, 19 68

Notary Public, residing at Boise, Idaho

My commission expires July 15 1970

(Seal)

X Signed Mrs. George D. Lane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1708 Fry St Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

L. 4-26-68. one copy pd.

Family Bible Record, appears old and unaltered, gives full name as Lucille Georgia Lane - viewed by VS.

MAY 17 1968

Photo. copy of Cert. of Marriage, gives full name of male as Raymond LeRoy Hicks and full name of female as Lucille Georgia Lane, married Feb. 7, 1941 at St. Michael's Cathedral, Boise, Idaho, dated Feb. 7, 1941 by Frank A. Rhea, Dean - viewed by VS.

663-126-014-792

PLACE OF BIRTH

City

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 — File No. 83368

Primary Registration District No. 1006 — Registered No. ____

Full Name of Child George M Wolters

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	X	X	yes	Sept 26 1920

FATHER

FULL NAME: Max Wolters
RESIDENCE: Nampa Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Iowa
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mollie Gibson
RESIDENCE: Nampa Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Iowa
OCCUPATION: Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 1:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M.D.
(Physician or midwife)
Address Nampa Idaho

Given names added from a supplemental report ____ 19____

Registrar

Filed Oct. 9 1920 Pearle Dodds
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

389-208-014-389 City

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 713-12 ave S St.

Hospital x

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 83369

Primary Registration District No. 1006 Registered No.

Full Name of Child Anna Margerie Christensen

SEX OF CHILD: Girl	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Sept (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Soren C. Christensen	FULL MAIDEN NAME	Kirstine M. Christensen
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Nampa Idaho

Filed Oct. 9 1920 Pearle Dodds
Registrar

K

...TE RETURN must be made for each and the number ...in order of birth stated.

319-204-014-795 Country

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Rural St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 83370

Primary Registration District No. 2106 Registered No.

Full Name of Child Carver

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	x	x	Yes	Sept 4 1920

FATHER		MOTHER	
FULL NAME	J. E. Carver	FULL MAIDEN NAME	Lena Gregory
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho Oklahoma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo.	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:22 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19....

.....
Registrar

Filed Oct 9 1920 Pearle Dodds
Registrar

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-127-014-447

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 83371

Hospital Mercy

Primary Registration District No. 1506 Registered No. .....

FULL NAME OF CHILD James Joseph Fuke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 27th 1920

	FATHER	MOTHER
FULL NAME	Joseph Fuke	FULL MAIDEN NAME Clara Dugan
RESIDENCE	Shoshone, Idaho	Shoshone, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	27 yrs (Years)	27 yrs (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Car repairer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Scott

Physician
(Physician or midwife)

Address Nampa, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 8 1920 Pearle Dodd
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1941

413-226-014-219

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 7 — File No. 83372

No. ____ St. — Primary Registration District No. 2006 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Mathis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	9 26 1920

FATHER		MOTHER	
FULL NAME	Thomas E. Mathis	FULL MAIDEN NAME	Pearl Barnes
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Oklahoma
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A. M. on the date above stated.

(Signature) Jos P Proctor

(Physician or midwife)

Address ____

Filed Oct. 8 1920 Pearle Dodds
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

331-201-014-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 83373

No. ..... St.

Primary Registration District No. 1308 Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	10 1 1920

FATHER	MOTHER
FULL NAME: George A. Clark	FULL MAIDEN NAME: Lucy May Montana
RESIDENCE: 12th Ave Nampa	RESIDENCE: Nampa
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: So. Dakota	BIRTHPLACE: Nebraska
OCCUPATION: Truck Driver	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct. 9 1920 Pearl Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-130-014-942

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83374

County of Canyon

City of Nampa

No. Mercy Hospital St.

Registration District No. 7 File No.

Primary Registration District No. 1852 Registered No.

Hospital

FULL NAME OF CHILD Sullivan Jordan, Jr.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 30 1920

FATHER		MOTHER	
FULL NAME	Sullivan Jordan	FULL MAIDEN NAME	Floverree Russell
RESIDENCE	903 - 9th Ave South	RESIDENCE	903 - 9th Ave South
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26 yrs	AGE AT LAST BIRTHDAY (Years)	22 yrs
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A M. on the date above stated.

(Signature) Thos B Scott

Physician

(Physician or midwife)

Address Nampa, Idaho

Filed Oct. 8 1920 Pearle Dodds

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-127-014-652

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Ida

Registration District No. 7

File No. 83375

No. ..... St.

Primary Registration District No. 2006

Registered No. .....

Hospital .....

Full Name of Child John Loren Doner

SEX OF CHILD M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 9 (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry Doner	FULL MAIDEN NAME	Ellena F. Westfall
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorada	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Lellan

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Nampa Ida

Filed Oct. 9 1920 Pearle Dodds

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

22 1942

753-122-016-219

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

ST[redacted]
BUREAU O[redacted] STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

Registration District No. 119 File No. 83376

No. ..... St.

Hospital At home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD James Monroe Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	Yes	Sept 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Julius Peterson	FULL MAIDEN NAME	Lou Stell Barham
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Marion Illinois
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Hater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Oct 6 1920 C Hater

Registrar

K

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 ..2

493-214-016-295

PLACE OF BIRTH

name added 10/3/79

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital At Home

Registration District No. 119

File No. 83377

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Pauline Donna Milstead

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 14 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME John Thomas Milstead	FULL MAIDEN NAME Margaret King
RESIDENCE Malta Idaho	RESIDENCE Malta Idaho
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Sterling Virginia	BIRTHPLACE Kentucky
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Slater M D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

19.....

Registrar

Filed Oct 6 1920 C I Slater

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 21 10 08 AM '79

State of California } ss.
County of Sacramento }

Certificate No. 83377

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Milstead (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1920 (Date of Event)
in Malta, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Milstead	Pauline Donna Milstead

Subscribed and sworn to before me this 19th day of September, 19 79

Jan L. Giachino
Notary Public, residing at Sacramento, Ca.
My commission expires Jan 27, 1981
(Seal)

Signed Margaret Ellen Caamano
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sacramento, Ca
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of September, 19 79

Jan L. Giachino
Notary Public, residing at Sacramento, Ca.
My commission expires JAN L. GIACHINO NOTARY PUBLIC — CALIFORNIA PRINCIPAL OFFICE IN SACRAMENTO COUNTY My Commission Expires Jan. 27, 1981
(Seal)

Signed Herman Myerson
(Signature of Any Credible Person)

7449 Cosgrove Way
Sacramento Cal. 95822
(Street Address, City, State)

JAN L. GIACHINO NOTARY PUBLIC — CALIFORNIA PRINCIPAL OFFICE IN SACRAMENTO COUNTY My Commission Expires Jan. 27, 1981

CL

FORM DH 60-155

Diploma of Graduation from California , Solano, County gives name as Pauline D. Milstead. datd June 6, 1935. viewed by V. S.'

OCT 3 1979

Insurance policy from The Travelers Ins. Co. gives name as Jack Thomas Milstead Beneficiaries children : Pauline Milstead and Delaney Milstead. dated July 30, 1928. policy No. G 1202 Certif no. 5610. viewed by VS

363-223-016-493

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Idahome Registration District No. 119 File No. 83378

No. ..... St.

Hospital At Home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorothy Belle Cole

Sex of Child Female | Twin / Triplet / or other? ~ (To be answered only in event of plural births) | and | Number in order of birth ~ | Legitimate? Yes | Date of Birth Sept 23 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Floyd E Cole

RESIDENCE Idahome Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Petoskey Mich.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Belle Miller

RESIDENCE Idahome Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Harlin Iowa

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

(Signature) C D Sater M D

(Physician or midwife)

Address Malta Idaho

Filed Oct 6 1920 C D Sater Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28-118 1016-249

PLACE OF BIRTH

Form V. S. No. 11-C—2500-1-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119 File No. 83379

No. ..... St.

Hospital At Home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Donald D.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 18 1920

FATHER		MOTHER	
FULL NAME	Charles H Shaw	FULL MAIDEN NAME	Emma Smith
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Paradise Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 A.M. on the date above stated.
(Born alive or stillborn)

(Signature) C. J. Slater M.D.

(Physician or midwife)

Address Malta, Idaho.

Filed Oct. 6 1920 C. J. Slater
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

448-114-016-599

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

Registration District No. 119 File No. 83380

No. ..... St.

Hospital at home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lowell Joseph Udy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sept 1st Aug 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dale Udy	FULL MAIDEN NAME	Maud Erickson
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Elba Idaho.	BIRTHPLACE	Bannock Co Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Satur M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malta Idaho

Filed ~~Sept 8~~ 19 20 Oct 6 - 20

C I Satur
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 28 1942

MAY 23 1975

993-212-016-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119

File No. 83381

No. ..... St.

Hospital At Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Female

Twin / Triplet / or other? } and { Number in order of birth
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Sept 12 1921
(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME John C. Richards	FULL MAIDEN NAME Clara Bacon
RESIDENCE Malta Idaho	RESIDENCE Malta, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Salt Lake Co. Utah	BIRTHPLACE Georgetown Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:45 A M.
(Born alive or stillborn)
on the date above stated.

(Signature) C. P. Salin

(Physician or midwife)

Address Malta Idaho

Filed Oct 6 1921 C. P. Salin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-106016-449

Form V. S. ~~No. 41-C~~-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital At home

Registration District No. 119 File No. 83382

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Robert Joe King

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sept 6, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel J. King	FULL MAIDEN NAME	Lula Murphy
RESIDENCE	Albion Idaho	RESIDENCE	Albion Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Bates M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malta, Idaho.

Filed Oct 6 1920 C. I. Bates

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-214-016-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

Name added 4-18-80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

Registration District No. 119

File No. 83383

No. ..... St.

Hospital At home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Thora Whitaker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Sept 14 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank S. Whitaker	FULL MAIDEN NAME	Matilda N. Darrington
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Elba Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malta Idaho

Filed Oct 6 1920 C I Sater

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1 1967

APR 2 2 1975

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 10 1 32 PM '80

State of _____ } ss.
County of _____

Certificate No. 83383
Date Filed _____

The undersigned does solemnly swear that certain [illegible] on the certificate of birth

for Unnamed Whitaker (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 14, 1920 (Date of Event)

in Elba (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Thora Whitaker

Subscribed and sworn to before me this 18th day of April, 1980.

Notary Public, Florence Cartright
Residing at Burley
My commission expires Lifetime
(Seal)

x Thora Anderson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth certificate on file with Idaho, # 254983 gives name of mother as Thora Whitaker. Child born May 6, 193?, in Burley, Idaho.
Viewed by V.S.

Marriage Certificate issued by Cassia County gives name as Thora Whitaker married to Harold William Anderson on September 14, 1936.
Viewed by V.S.

632-129-016-869

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Sublett

No. ..... St.

Hospital At home

Registration District No. 119 File No. 83384

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug 29 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arnold Richard Olson	FULL MAIDEN NAME	Lavina Hoon
RESIDENCE	Sublett Idaho	RESIDENCE	Sublett Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Snowville Utah	BIRTHPLACE	Sublett Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Malta Idaho

Filed Oct 6 1920 C J Sater

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-217-016-266

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 719 File No. 83385

No. ..... St.

Hospital at Home

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Middlejohn	Norah E Boothe
RESIDENCE	Malta Idaho	Malta Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Lovell Wyo	Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 P M. on the date above stated.

(Signature) C I Baker M. D.

(Physician or midwife)

Address Malta Idaho

Filed Oct 6 1920 C I Baker Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/19-201-016-689

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

Registration District No. 119

File No. 83386

No. ..... St.

Hospital At Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Bessie Harrington

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	August 1 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Harrington	FULL MAIDEN NAME	Mary J. Whitaker
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Elba, Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report. ..... 19.....

Filed Oct 6 1920 C. I. Slater

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

235-124-016-413

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Sublette

No. ..... St.

Hospital at home

Registration District No. 119 File No. 83387

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ARTHUR ABLE STEVENSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug 24 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Able Stevenson	FULL MAIDEN NAME	Clara Dalley
RESIDENCE	Sublette Ida	RESIDENCE	Sublette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Preston Ida	BIRTHPLACE	Sunnick Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Dan Horn

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Sublette Ida

Filed Oct 6 1920 C. I. Sates
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 83387

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Arthur Abel Stevenson (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Aug. 24 1920 (DATE OF EVENT) in Preston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug. 20-1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Arthur Able Stevenson

Subscribed and sworn to before me this 24 day of August 1942

Notary Public residing at Preston Idaho

My commission expires 9-18-1945

(SEAL)

Signed Clara Dalley Stevenson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

962-208-

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

016-231

County of Cassia

City of Sublette

No. ..... St.

Hospital At home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 83388

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD FEROL GARNETT ROSWURM

Sex of Child Female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	August ~~Rosewurm~~ ROSWURM	FULL MAIDEN NAME	Belle Blackwell
RESIDENCE	Sublette Ida	RESIDENCE	Sublette Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Dan Horn Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Sublette Ida

Filed Oct 6 1920 C. J. Gates

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Jackson }

Certificate No. 83388

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ferol Garnett Roseworm (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 8, 1920 (DATE OF EVENT)
in Sublette, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ferol Garnett
Surname	Roseworm	Roswurm

Subscribed and sworn to before me this 4th
day of February, 1943

Douglas Thomson
Notary Public, residing at Kansas City, Mo.
My commission expires July 7, 1944
(SEAL)

Signed Elleen Ewing (sister)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1821 E. 69th., Kansas City, Mo.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Jackson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 1 1 1943

766-115-616-813

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Dubois

No. ..... St.

Hospital at home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 83389

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	June 13- 1920

FATHER		MOTHER	
FULL NAME	Harrison H Powers	FULL MAIDEN NAME	Rocha A Hall
RESIDENCE	Dubois Idaho	RESIDENCE	Dubois Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Dubois Idaho	BIRTHPLACE	Portage Utah
OCCUPATION	Stock Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:25 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C. J. Slater M.D.

(Physician or midwife)

Address Malta Idaho

Filed Oct 6 1920 C. J. Slater

Registrar

812-219-0016-632

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Sublette

Registration District No. 119 File No. 83390

No. Name added 7-24-80 St.

Hospital At Home

Primary Registration District No. Registered No.

FULL NAME OF CHILD SYLVIA JUNE HASKELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	June 19 (Month) (Day) 1920 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Irvin Leroy Haskell	Elquissa May Olsen
RESIDENCE	Sublette Idaho	Sublette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Newton Utah	Elba Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs Dan Howe

Midwife.

(Physician or midwife)

Address Sublette Idaho

Filed Oct 6 1920 C. D. Allen

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 14 2 55 PM '80

State of _____ } ss.
County of _____

Certificate No. 83390
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Haskell (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 19, 1920 (Date of Event)

in Sublett (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Sylvia June Haskell

Subscribed and sworn ~~to before~~ me this 9th day of July, 1980

Notary Public, Gerrie Workman

Residing at Tooele, Utah

My commission expires May 17, 1983

(Seal)

June Lloyd
Signature of Applicant

159 E. Bates Canyon Road Tooele, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Tooele

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the ~~best~~ of his knowledge.

Subscribed and sworn to before me this 9th day of July, 19 80

Notary Public, Gerrie Workman

Residing at Tooele, Utah

My commission expires May 17, 1983

(Seal)

X Clarissa M. Haskell
Supporting Signature

1622 Blair St
Street Address, City, State
Salt Lake City, Utah

JUL 23 1980

Certified copy of Certificate of Baptism gives name as Sylvia June Haskell daughter of Irvin E. Haskell and Clarissa Olsen, born June 19, 1920 at Sublett, Idaho, and baptized August 5, 1928.
Viewed by V.S.

Certificate of Blessing gives name as Sylvia June Haskell daughter of Irvin E. Haskell and Clarissa May Olsen born June 19, 1920 at Sublett, Idaho and Blessed August 29, 1920.
Viewed by V.S.

254-227-016-113

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Sublette

No. ..... St.

Hospital At home

Registration District No. 119 File No. 83391

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ava Pearl Kemsley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	June 27 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Kemsley	FULL MAIDEN NAME	Pearl Galleher
RESIDENCE	Sublette Ida	RESIDENCE	Sublette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sublette Ida	BIRTHPLACE	Sublette Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Dan Horn

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Sublette Idaho

Filed Oct 6 1920 C. Gates
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-201-016-845

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 83392

Primary Registration District No. 2196 Registered No. 1721

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	9 (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	L H Franklin	FULL MAIDEN NAME	Rosette Hunt
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Oct. 17 1920 Dr. J C Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266102 016-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 83394

Primary Registration District No. 2196 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Boyd

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept. 2, 1920

FATHER		MOTHER	
FULL NAME	G. E. Boyd	FULL MAIDEN NAME	Caroline Worthington
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	New Mexico	BIRTHPLACE	Texas
OCCUPATION	Bookkeeper	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Sept. 10 1920 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1/19/73

312-23-2016-795

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83395
Local Reg. No.
Reg. Dist. No. 117

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mary b. (Middle): Maurine c. (Last): Lake

4. SEX: Girl

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 29, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Willard b. (Middle): c. (Last): Lake

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Arizona

10. USUAL OCCUPATION: Draymon

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Charlotte b. (Middle): c. (Last): Grewell

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mexico

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. C. Patterson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 30, 1920

22. REGISTRAR'S SIGNATURE: Dr. J. C. Patterson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

TIME: 6:00 PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
NOV 26 1971
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 83395
County of Orange } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lake (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1920 (Date of Event)
in Burley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on October 8, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	W. Lake	Willard Lake
Child's Name	Unnamed	Mary Maurine Lake
Birthdate	Sept. 30, 1920	Sept. 29, 1920

Subscribed and sworn to before me this 16th day of September
Arthur D. Ryssman
Notary Public, residing at
My commission expires
(Seal)

ARTHUR D. RYSSMAN
Notary Public
State of California
Principal Office in
Orange County
My Commission Expires Dec. 22, 1971

Signed Willard Lake Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1958 550 N Farmington Wtch
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Orange }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of September, 1971
Arthur D. Ryssman
Notary Public, residing at
My commission expires
(Seal)

ARTHUR D. RYSSMAN
Notary Public
State of California
Principal Office in
Orange County
My Commission Expires Dec. 22, 1971

Signed Mrs Margaret Lake Boyd
(Signature of Any Credible Person)
1175 San Francisco Ave, Long Beach
(Street Address, City, State)
Calif 90806

Certif. of Baptism and Confimation from LDS Church dated Oct. 8, 1928 gives name as Mary Maurine Lake daughter of Willard Lake and Charlott Gruwell. Born Sept. 29, 1920. Baptized Sept. 29, 1928 and Confmd. Sept. 29, 1928. Viewed by V. S.

Patriarchal Blessing (Dated Nov. 3,. 1932) given to Mary Maurine Lake daughter of Willard Lake and Charlotte Greenwell. Was born Sept. 29, 1910. Viewed by V. S.

163-106-016-842

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. RFD 3 St.

Hospital

Registration District No. 117

File No. 83396

Primary Registration District No. 21

Registered No. 17 C

FULL NAME OF CHILD Wayne Jolley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	1	Yes	July 6 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kenneth Jolley	FULL MAIDEN NAME	Mary Ann Huber
RESIDENCE	Burley RFD 3	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsfe

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley Idaho

Filed 10-13-1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1942

163-106-016-842

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-3-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2191

File No. 83397

Registered No. 1715

FULL NAME OF CHILD Blaine Jolley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	Twin		2	Yes	July 6 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kenneth Jolley	FULL MAIDEN NAME	Mary Ann Huber
RESIDENCE	Burley RFD 3	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsfe

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Idaho

Filed 10-13-1920 Dr J C Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-220-016-447

Form V. S. No. 11-C—Mm-6-8-17

PLACE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital ..... LOTTIE ELINOR

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 83398

Primary Registration District No. 2196 Registered No. 1718

FULL NAME OF CHILD Baby Burnett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	1		1	yes	Sept 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Samuel Burnett	FULL MAIDEN NAME	Lillian Muggleston
RESIDENCE	Declo R F D	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Idaho

Filed 10-13-1920 Dr. J. C. Patterson

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 83398

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lottie Elinor Burnett (Name on Original Certificate) who Born (Was Born or Died) on Sept. 20, 1920 (Date of Event)
in Declo Cassia Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church Blessing Record (Bible Record, Insurance Policy, Etc.) prepared on Mar. 6th 1971 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lottie Elinor Burnett

Subscribed and sworn to before me this 29th day of June, 1942.

B M Kirk
Notary Public, residing at Salt Lake City, Ut.
My commission expires May 9- 1945
(Seal)

Signed L Henry Burnett
(Signature of parent ~~or attendant if correcting~~ a birth record; ~~of attendant, funeral director, informant if correcting a death record; or other credible person.~~)
763 East 3155 So. Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of June, 1942.

B M Kirk
Notary Public, residing at Salt Lake City, Ut.
My commission expires May 9- 1945
(Seal)

Signed Adolph Jensen
(Signature of Any Credible Person Other Than Previous Year)
2540 Chadwick St
(Street Address, City, State)
Salt Lake City Utah

JUL 1 1942

648-120-016-689

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of ~~Burley~~ Declo Registration District No. 117 File No. 83399

No. ..... St.

Primary Registration District No. 296 Registered No. 179

Hospital .....

FULL NAME OF CHILD Richard Fugua

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m				Yes	Sept 20 1920

FATHER

FULL NAME J. O. Fugua

RESIDENCE Declo - Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Indiana

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Marina Rice White

RESIDENCE Declo, Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Pendleton, Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Story Ser. R. F.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed 10-14-1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 12 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-150-016-469

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. S Normal Ave St.

Hospital

Registration District No. 117

Primary Registration District No. 2196

File No. 83400

Registered No. 1711

FULL NAME OF CHILD Clyde Kelly Sillin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	yes	July 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grant Sillin	FULL MAIDEN NAME	Rebecca Morrison
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

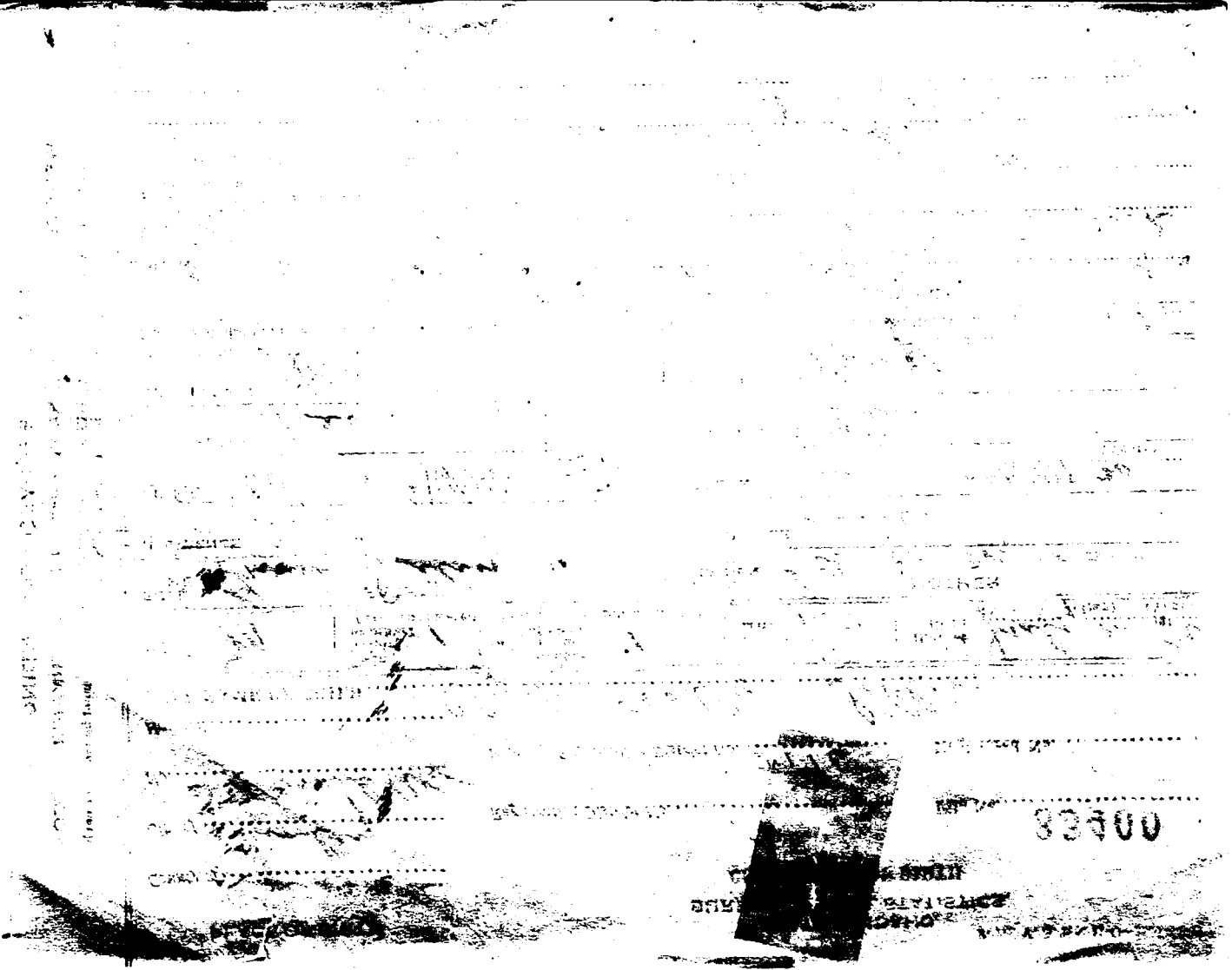
19

Registrar

Address Burley Idaho

Filed 10-13-1920 Dr. J. C. Patterson

Registrar



693-114-016-355

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R F D 3 St.

Registration District No. 117

File No. 83401

Primary Registration District No. 2196

Registered No. 1712

Hospital Charles Earl

FULL NAME OF CHILD ~~Baby~~ Wilber

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	July 14 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick E. Wilber	FULL MAIDEN NAME	Mabel Lee
RESIDENCE	Burley R F D 3	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hswfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Address Burley Idaho

19

Filed 10-13-1920 Dr J. C. Patterson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244-113-016-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 83402

Primary Registration District No. 2196 Registered No. 1713

FULL NAME OF CHILD MacDonald Carlyle Summers Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1	Yes	July 13 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	MacDonald Carlyle Summers	FULL MAIDEN NAME	Dixie Evelyn McCarter
RESIDENCE	Burley Idaho	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Virginia
OCCUPATION	Salesman	OCCUPATION	Hswfe

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 15 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Burley Idaho

Filed 10-13-1920 Dr. J. C. Patterson

Registrar

JAN 20 1942

JAN 23 1973

113-210-016-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. R 7 D 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 117 File No. 83403

Primary Registration District No. 2196 Registered No. 714

FULL NAME OF CHILD Jackman, Rachel Louania

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Yes	July 10 1920

FATHER		MOTHER	
FULL NAME	Wilford H. Jackman	FULL MAIDEN NAME	Ella Pearl Hawks
RESIDENCE	Burley R 7 D 3	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Hunter M.D.

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 10-13-1920 Dr. J. C. Patterson

Registrar

OCT 2 9 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83403

Date Filed ..... NOV 26 1 04 PM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Jackman (female) (Name on Original Certificate) who was born (Was Born or Died) on July 10, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by LDS Church Records (Bible Record, Insurance Policy, Etc.) prepared on Aug 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Rachel Louania Jackman

Subscribed and sworn to before me this 21st day of November, 19 73

Jean Dunn
Notary Public, residing at Tremonton, Utah
My commission expires 19 Mar, 1974
(Seal)

Signed Jay P. Hirschi Bish.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
533, 200 1st East, Tremonton, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 19 73

Jean Dunn
Notary Public residing at Tremonton, Utah
My commission expires 19 Mar 1974
(Seal)

Signed Raymond J Dunn
(Signature of Any Credible Person)
402 N 1st E Tremonton, Utah
(Street Address, City, State)

FORM DH-60-153 CL 10/29/73

DEC 11 1973

Marriage Certif. from Utah gives name of the groom as Oliver Charles Scothern and the bride's name as Rachel Louania Jackman. legally married Feb. 4, 1939 at Brigham City, Utah. Were sealed March 22, 1944. Viewed by V. S.

Rachael Louania Jackman listed as the mother on certificate on file in Utah (born Aug. 12, 1941. child'sname given as Judith Kay Scothern. father's name listed as Oliver Charles Scothern. born in Valley Hospital, Tremonton, Utah. Viewed by V, S,

285-106-016-457

PLACE OF BIRTH

County of Cassia

City of Burley

No. RFD 3 St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 117 File No. 83404

Primary Registration District No. 2196 Registered No. 177

FULL NAME OF CHILD ~~Baby~~ Sheldon, Nevin Nelson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	1	1	Yes	Sept 6, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nelson James Sheldon	FULL MAIDEN NAME	Elvira De Graw
RESIDENCE	Burley RFD 3	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsewf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Address Burley Idaho

19

Registrar

Filed 10-13-1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Sealing Record, May 18, 1928 gives one child's full name as Nevin Nelson Sheldon, ~~Family Group Record gives name as Nevin~~ born Sept. 6, 1920 at Burley, Idaho - viewed by V.S. Certification of Birth, Utah State Department of Health, Div. of Vital Statistics, Salt Lake City, Utah, certifies that Nevin James Sheldon, son of Nevin Nelson Sheldon and Laura Haycock was born on Oct. 27, 1950 at Salt Lake City. State File No. 1950 18-7591; date of filing 11-6-50. certification made Feb. 16, 1951 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... Certificate No. 83404
County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Sheldon (Name on Original Certificate) who born (Was Born or Died) on Sept. 6, 1920 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Baby Sheldon	Nevin Nelson Sheldon

Subscribed and sworn to before me this 29 day of [illegible] 1960

[illegible] Hurlbert
Notary Public, residing at [illegible]
My commission expires Sept 20, 1964
(Seal)

Signed Elvira Sheldon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other [illegible] person.)

[illegible] Wallon Ave - Salt Lake City
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of SALT LAKE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of NOVEMBER 1960

[illegible]
Notary Public, residing at SALT LAKE CITY, UTAH
My commission expires APRIL 4, 1964
(Seal)

Signed Hattie Mae S Henson
(Signature of Any Credible Person)

1291 Pacific Ave
(Street Address, City, State)

FORM DPH 55.155 NNCL 12-3-58. nm 1 copy paid 9-29-60

NOV 29 1960

419 - 114 - 016 - 263

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley. No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83405

Registration District No. 117 File No. .....

Primary Registration District No. 196 Registered No. 1691

FULL NAME OF CHILD Oliver James Martin,

Sex of Child male | Twin Triplet or other? --- and Number in order of birth ----- (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept. (Month) 14 (Day) 1920. (Year)

FATHER	MOTHER
FULL NAME Abraham Martin	FULL MAIDEN NAME Mary Boles.
RESIDENCE Burley, Ida.	RESIDENCE Burley, Ida.
COLOR White	AGE AT LAST BIRTHDAY 48 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Jules County, Kansas.	BIRTHPLACE Hisperia, Mich.
OCCUPATION Barber,	OCCUPATION Housewife,

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7-30, AM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. C. Barta

(Physician or ~~midwife~~)

Address Burley, Idaho.

Filed 10 - 1 - 1920

Registrar

ca. 10-17-40 mtp

MAY 1 1967

JUL 15 1942

MAY 8 1951

595-114-016-993

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Bellevue

Registration District No. ..... File No. 83406

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thomas Emigh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Sept (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Roy Emigh	FULL MAIDEN NAME	Ethel Rice
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Cassia Creek Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed Oct. 1 1920 Dr J C Patterson Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 - 204-016-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 83407

No. ..... St. — Primary Registration District No. 2196 — Registered No. 1693

Hospital .....

FULL NAME OF CHILD Lucy Barlow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Sept 4 1920

FATHER		MOTHER	
FULL NAME	Edmund J. Barlow	FULL MAIDEN NAME	Lucy Garrett
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Prop Picture Show	OCCUPATION	Newsp

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:45 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed Sept. 12 1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 19, 1941. E.W.

291-162-016-692

Form V. S. No. 11-C--25m-7-31-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 83408

Primary Registration District No. 2196 Registered No. 1694

Hospital .....

FULL NAME OF CHILD GLEN JUNIOR Bradshaw

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 2 1920

FATHER		MOTHER	
FULL NAME	Wm. Bradshaw	FULL MAIDEN NAME	Hazel Fisher
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Sept. 12 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 83408

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Bradshaw (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 2 1942 (DATE OF EVENT)
in Burley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Glen Junior Bradshaw

Subscribed and sworn to before me this 6th
day of February, 1943

Henry W. Lurker
Notary Public, residing at Burley Ida.
My commission expires June 1, 1946
(SEAL)

Signed Hazel Fisher Bradshaw
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
Burley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of February, 1943

Henry W. Lurker
Notary Public, residing at Burley, Ida.
My commission expires 6-1-46
(SEAL)

Signed William H. G. Bradshaw
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Burley Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 9 1943

331-105-016-791

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 83409

Primary Registration District No. 2196 Registered No. 1693

FULL NAME OF CHILD Baby Clark Earnest Walter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 5 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. C. Clark	May Gray
RESIDENCE	Albion Idaho	Albion Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson
M. D
(Physician or midwife)

Address Burley, Ida.

Filed Sept. 12 1920 Dr. J. C. Patterson
Registrar

6-7-41

945-210-016-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7,21,19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 17 File No. 83410

No. ____ St.

Primary Registration District No. 2196 Registered No. 1696

Hospital ____

FULL NAME OF CHILD Ruegg, Frances Joyce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Sept. 10 1920

FATHER		MOTHER	
FULL NAME	J. A. Ruegg	FULL MAIDEN NAME	Muriel Ferguson
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	Wyoming
OCCUPATION	Auto Mechanic	OCCUPATION	Hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive at 11:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Sept 12 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1942

DEC 5 1972

364-209-016-396

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 83411

Primary Registration District No. 2196 Registered No. 1697

FULL NAME OF CHILD Compton, Betty Louise

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Sept. 9 1920

FATHER		MOTHER	
FULL NAME	L.B. Compton	FULL MAIDEN NAME	Cora Crosby
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida.
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Foreman O.S.L.	OCCUPATION	Housf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Filed Sept. 12 1920 Dr. J. C. Patterson
Registrar

236-110-016-268

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 83412

Primary Registration District No. 2196 Registered No. 1698

Hospital .....

FULL NAME OF CHILD Stout Bernell Golden Stout

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1	yes	Sept. 10 1920

FATHER	MOTHER
FULL NAME J. G. Stout	FULL MAIDEN NAME Emelyn Royle
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Ida

Filed Sept. 12 1920 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 83412

State of Idaho }ss.
County of Cassia }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Stout (Name on Original Certificate) who was born (Was Born or Died) on Sep. 10, 1920 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bernell Golden Stout
		Bernell

Subscribed and sworn to before me this 23 day of August 1943

Henry W. Tucker

Notary Public, residing at Burley, Idaho

My commission expires 6/1/46
(Seal)

Signed Evelyn Koyle Stout
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho (RD#1)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Cassia }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd. day of November, 1943

Henry W. Tucker

Notary Public, residing at Burley, Ida.

My commission expires 6-1-46
(Seal)

Signed Jay Golden Stout
(Signature of Any Credible Person Other Than Previous Year)

RD#1 - Burley, Ida.
(Street Address, City, State)

JAN 10 1962

236-210-016-268 name added 9/26/79

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 11

File No. 83413

No. ..... St.

Primary Registration District No. 214

Registered No. 1699

Hospital .....

FULL NAME OF CHILD Stout, Bernice Evelyn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Twin		2.	yes	Sept 10 1920

FATHER		MOTHER	
FULL NAME	J. G. Stout	FULL MAIDEN NAME	Evelyn Royle
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Sept. 12 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 10 4 01 PM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 83413
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Stout (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 10, 1920 (Date of Event)

in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Bernice Evelyn Stout

Subscribed and sworn to before me this _____ day of June 19, 1979.

Notary Public, Robert M Sagen

Residing at Burley Idaho

My commission expires 9-15-81

(Seal)

x Donna S. Call
Signature of Applicant

x Rt. 1 Box 40-A Burley Id. 83318
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 6/7/79 1cc pd. rec. 15132

death certifi from Idaho #38471 gives name as Bernice Evelyn Stout , ~~didi~~ died May 17, ~~1922~~ 1922. in Burley, Idaho. viewed by V. S. -

Family Group sheet for John Golden Stout and Sarah Evelyn Koyle gives child's name as Bernice Evelyn Stout born Sept 10, 1920. in Burley, Idaho. ~~did~~died May 17, 1922. vieed by V. S.

SEP 27 1979

246-204-016-758

Form V. S. No. 11C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo

Registration District No. 117

File No. 83414

No. ..... St.

Primary Registration District No. 2196

Registered No. 100

Hospital .....

FULL NAME OF CHILD Smothers Iona Alice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Sept 4 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Smothers	Amy Guyer
RESIDENCE	Declo Idaho.	Declo Idaho.
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	40	33
BIRTHPLACE	South Dakota	Montana
OCCUPATION	Farmer	Hswf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Filed Sept. 12 1920 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 13 2 13 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83414

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smothers (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1920 (Date of Event)
in Declo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Iona Alice Smothers

Subscribed and sworn to before me this 13 day of November, 1974

Lee Vera Lowe

Notary Public, residing at Paris, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Wayne Rainey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 3308 Nampa, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 1/29/74

Own childs birth certificate Dee Ann Iona Rainey born March 7, 1957 at Emmett, Idaho State File # 57-3156 gives mothers name as Iona Alice Smothers.
Viewed by VS

Family Record by family gives Iona Alice Smothers born at Declo, Idaho September 4, 1920 .
Viewed by VS

NOV 13 1974

355-210-016-351

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 83415

No. ____ St. ____

Primary Registration District No. 2196 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Baby Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Sept. 10 1920

FATHER

FULL NAME J. Bailey Lee

RESIDENCE Burley Idaho

COLOR White — AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE North Carolina

OCCUPATION Lawyer

MOTHER

FULL MAIDEN NAME Irene Leasdale

RESIDENCE Burley Idaho

COLOR W. — AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Housf.

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Sept. 12 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

492-205-016-359

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 83416

No. ..... St.

Primary Registration District No. 2196 Registered No. 702

Hospital .....

FULL NAME OF CHILD Aiko Mashima

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Sept. 2, 1920

FATHER	MOTHER
FULL NAME Kametaro Mashima	FULL MAIDEN NAME Koyei Teroniaki
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Janitor	OCCUPATION Farm.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Address Burley, Ida.

Filed Sept. 12 1920 Dr. J. C. Patterson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-214-016-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 17 File No. 83417

Primary Registration District No. 2196 Registered No. 1703

Hospital .....

FULL NAME OF CHILD ~~Boobby~~ Moench MYRA E. MOENCH

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 14, 1920

FATHER		MOTHER	
FULL NAME	Frank Moench	FULL MAIDEN NAME	Millie Sorensen
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Real Estate	OCCUPATION	Housf.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

19.....

Registrar

Filed Sept. 20 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO FEB 25 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Cassia }

Certificate No. 83417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Maench (Name on Original Certificate) who Was born (Was Born or Died) on Sept. 14-1920 (Date of Event)
in Burley, Cassia Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affidavit (Bible Record, Insurance Policy, Etc.) prepared on feb. 24-1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Moench	Myra E Moench

Subscribed and sworn to before me this 24th day of February, 1942

Jeannette V Chamberlain
Notary Public, residing at Burley, Idaho

My commission expires Dec 28-1943
(Seal)

Signed Anne M. Eddett Guardian
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

225 So Oakley Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Cassia Idaho }ss.
County of Cassia }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of Feb 1942

Jeannette V Chamberlain
Notary Public, residing at Burley, Idaho

My commission expires Dec 28-1943
(Seal)

Signed H. C. Van Engelen
(Signature of Any Credible Person Other Than Previous Year)

354 N. Overland Ave, Burley Idaho
(Street Address, City, State)

27 1942

494-115-06-957

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

Amended 3/24/7

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83418

County of Cassia

City of Burley

Registration District No. 117

File No.

No. ..... St.

Primary Registration District No. 2196

Registered No. 704

Hospital .....

FULL NAME OF CHILD Grant D. Unsell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept. 15 1920

FATHER		MOTHER	
FULL NAME	G. Unsell	FULL MAIDEN NAME	Marleen Read
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 20 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss. FEB 1 53 PM '77

Certificate No. 83418

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Drussel (Male) (Name on Original Certificate) who was born (Was Born or Died) on Spet 15, 1920 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Grant David Drussel
Mothers Maiden name	Darlean Read	Darlean Read

Subscribed and sworn to before me this 31st day of January, 19 77

Notary Public, residing at Burley, Idaho

My commission expires 7/10/78

(Seal)

Signed Darlean Read Drussel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

236 West 8th, Burley, Idaho 83318
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of January, 19 77

Notary Public, residing at Burley, Idaho

My commission expires 7/10/78

(Seal)

Signed
(Signature of Any Credible Person)

Box 1225, Burley, Idaho 83318
(Street Address, City, State)

FORM DH 60-155

CL 1/26/77

Insurance application from Metropolitan Life Ins Co gives name as Grant D. Drussel born Sept 15, 1920 datedFeb 4, 1950. viewed by V. S.

MAR 24 1977

Honorable Discharge from the U.S.Army gives name as Grant D. Drussel born Setp 15, 1920 at Burley, Idaho. date of separation Oct 21, 1946. viewe d by V. S.

A sister's birth certif on file in Idaho a s Baby female Drussel born Feb 10, 1919 in Burley, Idaho father's name a David ~~Drxxx~~ Drussel and mother' s name as Darlean Read. viewed by V. S File No. 65738.

695-217-016-819

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 83419

Primary Registration District No. 21 Registered No. 1705

FULL NAME OF CHILD Baby Finley Dorothy M.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl				yes	Sept	17	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. Finley	Wilma Harris
RESIDENCE	Burley, Idaho	Burley, Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Iowa	Utah
OCCUPATION	Carpenter	Housf.

Number of child of this mother, including present birth 1 Number of children of this mother now living including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Filed Sept. 20 1920 Dr. J. C. Patterson

Registrar

JUN 16 1975

JUN 17 1942

314-118-016-895

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 83420

No. ____ St.

Primary Registration District No. 2196 — Registered No. 1706

Hospital ____

FULL NAME OF CHILD Robert Jesse Campbell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 16 1920

FATHER		MOTHER	
FULL NAME	J. N. Campbell	FULL MAIDEN NAME	Nora Hindmarsh
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Baker	OCCUPATION	Housf.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Sept. 20 1920 — Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1973

553 - 228-016-249

PLACE OF BIRTH

name added 7-14-82

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117 File No. 83421

No. ..... St.

Primary Registration District No. 2196 Registered No. 108

Hospital .....

FULL NAME OF CHILD Mary Maxine Nelson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Sept. 28 1920

FATHER		MOTHER	
FULL NAME	Lester G. Nelson	FULL MAIDEN NAME	Joan Smith
RESIDENCE	Burley, Ida.	RESIDENCE	Burley Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept. 30 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1974

JUN 2 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of San Diego }

Certificate No. 83421

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Nelson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 28, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on Sept. 28, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Baby Nelson	Mary Maxine Nelson

Subscribed and sworn to before me this 9th day of June, 19 75

Margaret E. Bell

Notary Public residing at Oceanside, Calif.

My commission expires 5/9/1975

(Seal)

OFFICIAL SEAL
MARGARET E. BELL
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires May 9, 1975

Signed Donna L. Nelson Stanley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1500 Kings Hwy. Medford Ore. 97501
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155 CL 6/2/71 nm

JUL 28 1982

Cert of Baptism from LDS Church gives Mary Maxine Nelson born 9-28-20 in Burley to Geo Lester Nelson and Joan Smith and was baptised 11-4-28. Viewed by V.S.

Passport gives Mary Maxine Smith born 9-28-20 in Idaho . Passport issue date is June 14, 1971. Viewed by V.S.

248-121-016-268

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 83422

No. ____ St.

Hospital ____ — Primary Registration District No. 2196 — Registered No. 1707

FULL NAME OF CHILD SYLVAN LEROY Kuhn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept. 21 1920

FATHER		MOTHER	
FULL NAME	W. A. Kuhn	FULL MAIDEN NAME	Blanche Boynton
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Painter	OCCUPATION	Housf.

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Sept. 30 19 20 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1952

366-114-018-319

Form V. S. No. 11-C—25m-9-8-15

[redacted] F BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 83423

No. ..... St.

Primary Registration District No. 2168

Registered No. 53

Hospital

FULL NAME OF CHILD Calvin Willis Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Aug 14 1920

FATHER		MOTHER	
FULL NAME	Robert William Cook	FULL MAIDEN NAME	Olga Carlson
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Canada	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eliz M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Orofino Ida

Filed Oct 1 1920 J M Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-215-018-255

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Lenore RFD

Registration District No. 90 File No. 83424

No. ..... St.

Primary Registration District No. 2168 Registered No. 54

Hospital .....

FULL NAME OF CHILD Geneva Maybelle Garrison

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Floyd Garrison	FULL MAIDEN NAME	Hazel Swartz
RESIDENCE	Lenore - R.F.D.	RESIDENCE	Lenore R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Earl M Horsewell
(Physician or midwife)

Address Orofino Ida

Filed Oct 1 1920 J M Fairly
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

DEC 9 1942

144-103-016-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Fraser Ida

Registration District No. 90

File No. 83425

No. ..... St.

Primary Registration District No. 2168

Registered No. 55

Hospital .....

FULL NAME OF CHILD Harry Lewis Judd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence R. Judd	FULL MAIDEN NAME	Laura Belle Rud
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed Oct 6 1920 J M Finley Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-104-018-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Fraser

Registration District No. 90

File No. 83426

No. ..... St.

Primary Registration District No. 2168

Registered No. 56

Hospital .....

FULL NAME OF CHILD Albert Boyd Cochrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Sept 4 1920

FATHER		MOTHER	
FULL NAME	Albert N Cochrell	FULL MAIDEN NAME	Nora Sailing
RESIDENCE	Weippe Ida	RESIDENCE	Weippe Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Texas
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 119 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weippe Ida

Filed Oct 1 1920 J M Sailing

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1973

396-110-018-485

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Ahsahka

Registration District No. 90

File No. 83427

No. _____ St.

Primary Registration District No. 2168

Registered No. 57

Hospital _____

FULL NAME OF CHILD JAMES NOEL CROWLEY

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Walter Crowley	FULL MAIDEN NAME	Jennie Myers
RESIDENCE	Ahsahka	RESIDENCE	Ahsahka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W Horswell (Physician or midwife)

Given names added from a supplemental report.

Address Orofino Ida

19

Filed Oct 1 1920 J M Fairley

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Clearwater } ss.

Certificate No. 83427
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for James Noel Crowley (Name on original certificate) who born (Was born or died) on September 10, 1920 (Date of event) in Ahsahka Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by presence of birth (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Crowley	James Noel Crowley

Subscribed and sworn to before me this 28th day of November, 1941

L. P. Foster
Notary Public, residing at Elk River Idaho
My commission expires Aug 21 1943
[SEAL]

Signed Edith E. Crowley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elk River, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Clearwater } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2d day of December 1941

H. L. Walrath
Notary Public, residing at Orofino Idaho
My commission expires March 28, 1942
[SEAL]

Signed G. S. Allen
(Signature of any credible person other than the previous affiant.)

Ahsahka Idaho
(Street Address, City, State)

Received for filing on DEC 5 1941 By
(Registrar's signature)

1941

415-109-018-859

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Lenore

No. _____ St.

Hospital _____

Registration District No. 90

Primary Registration District No. 2168

File No. 83428

Registered No. 58

FULL NAME OF CHILD ELMO WARREN DAVIS

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert F. Davis	FULL MAIDEN NAME	Cora Herring
RESIDENCE	Lenore RFD.	RESIDENCE	Lenore RFD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	So Dak.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Orofino Ida

Filed Oct 1 1920 J M Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate named from card 2/25/42 Z.J.

AUG 9 1943

466-212-018-193

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 83429

Primary Registration District No. 2168 Registered No. 59

FULL NAME OF CHILD Bernice Anita Moore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	Sept 12 1930 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Moore	FULL MAIDEN NAME	Elizabeth Orth
RESIDENCE	Fraser Ida	RESIDENCE	Fraser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric N Horsewell
(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 1 1930 J M Fairley Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 7 1942

JUN 22 1961

632-123-018-213

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 83430

Primary Registration District No. 3168 Registered No. 60

FULL NAME OF CHILD Herbert Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	9/23 1920

FATHER		MOTHER	
FULL NAME	Lawrence Roy Olson	FULL MAIDEN NAME	Bernice Ethel Jackett
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edith Howard

(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 1, 1920 J. McDevitt Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1962

983-226-018-168

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Registration District No. 90

File No. 83431

Primary Registration District No. 2168

Registered No. 61

Hospital _____

FULL NAME OF CHILD Mary Ellen Ripley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Sept 26 1920

FATHER		MOTHER	
FULL NAME	Herbert Fisher Ripley	FULL MAIDEN NAME	Effie Johanson
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	~~Auto~~ Garageman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Earl M Horswell (Physician or midwife)

Address Orofino Ida

Filed Oct 1 1920 J M Fairly Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 4 1974

MAR 19 1954

386-126-018-669

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Alamosa

City of Tekean

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 83432

Primary Registration District No. 2,68 Registered No. 62

FULL NAME OF CHILD ASA BURNHAM CHOATE JR.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sep 26 1920

FATHER		MOTHER	
FULL NAME	Asa B. Choate	FULL MAIDEN NAME	Cecil A. Worthington
RESIDENCE	Tekean, Ida	RESIDENCE	Tekean Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Sep 26 1920

J. M. Fairly
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MA[illegible]42

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of CLEARWATER }

Certificate No. 83432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Asa Burnham Choate Jr. (Birth or Death)
for Non name (Name on Original Certificate) who alive (Was Born or Died) on Sept. 26, 1920 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Asa Burnham Choate Jr.

Subscribed and sworn to before me this 2nd
day of March, 1942

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1945
(Seal)

Signed Mrs Asa Choate
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lenore Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }ss.
County of CLEARWATER }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of March, 19 42

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1945
(Seal)

Signed Mrs Lillie Schlüter.
(Signature of Any Credible Person Other Than Previous Year)

Lenore Idaho
(Street Address, City, State)

MAR 7 1946

893-1130-018-462

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 83433

No. ..... St.

Primary Registration District No. 2168 Registered No. 63

Hospital .....

FULL NAME OF CHILD Clifford Fairly Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd Hill	FULL MAIDEN NAME	Mabel Moss
RESIDENCE	Orofino, Ida.	RESIDENCE	Orofino, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Wn
OCCUPATION	Track Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fairly

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Filed Sept. 30 1920 J M Fairly
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1966

SEP 15 1942

695-118
017-715 PLA [redacted]

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois Registration District No. 125 File No. 83434

No. ..... St.

Hospital Dr Jones' Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Charles Paul Fredericksen

Sex of Child: Male | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Sept 18 (Month) (Day) 1926 (Year)

FATHER

FULL NAME: Frederick E Fredericksen

RESIDENCE: Kilgore

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Harriet E Paul

RESIDENCE: Kilgore

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Wis

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4:100 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Sept 18 1926 C E Jones MD Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

759-222-017-759

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

No. ____ St.

Hospital Home

Registration District No. 125

File No. 83435

Primary Registration District No. 2208

Registered No. ____

FULL NAME OF CHILD — — Perrez

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9 22 1920

FATHER		MOTHER	
FULL NAME	Francesco Perrez	FULL MAIDEN NAME	— Perrez
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Section Hand on R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Young

Physician (Physician or midwife)

Address Dubois, Idaho

Given names added from a supplemental report.

....., 19.....

..... Registrar

Filed Sept 25 1920 C E James Registrar

S-Y-CO 38071

713-216-018-442

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125

File No. 83436

No. ____ St.

Primary Registration District No. 2203

Registered No. ____

Hospital Rooming House

FULL NAME OF CHILD Margaret Virginia Gallicher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9 16 1920

FATHER	MOTHER
FULL NAME Roy E. Gallicher	FULL MAIDEN NAME Monta Ophelia Music
RESIDENCE Dubois P.O.	RESIDENCE Dubois P.O.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Va.	BIRTHPLACE Va.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Yungert
Physician
(Physician or midwife)

Address Dubois, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 21 1920 C E Jones M D
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of the children, in order of birth.

City of Idmon

Registration District No. 125

File No. 834[illegible]

No. ..... St.

Primary Registration District No. 2208

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ethel Rose Haight.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 2[illegible] (Month) (Day)

FATHER		MOTHER	
FULL NAME	Wm Glen Haight	FULL MAIDEN NAME	Anna E. Smith
RESIDENCE	Idmon, Idaho	RESIDENCE	Idmon, Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	3[illegible] (Years)
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Anaconda, Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... four

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:[illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella F. Smith

Grandmother of child (Physician or midwife)

Given names added from a supplemental report.

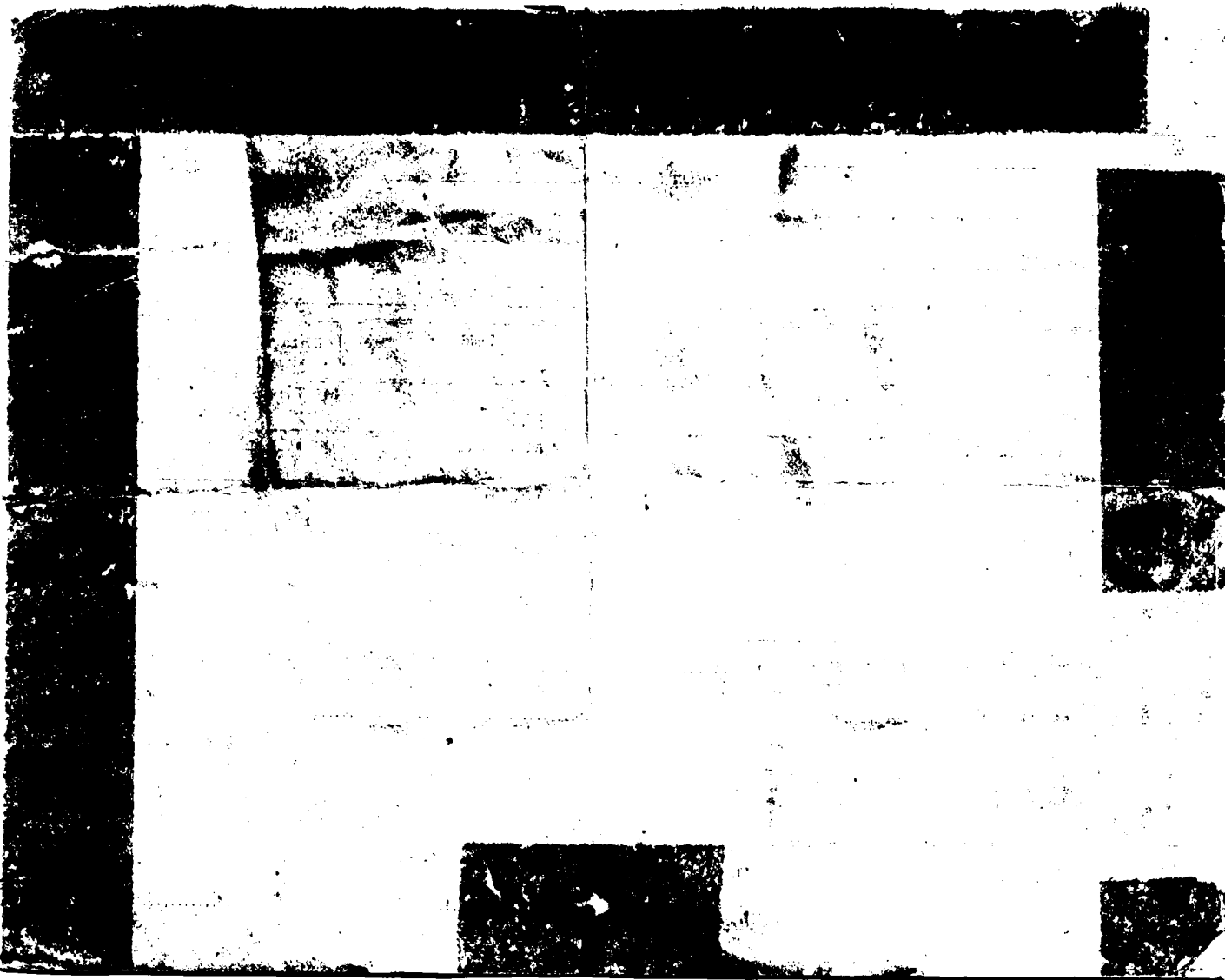
..... 19..

Address Idmon Idaho

[illegible] C. E. Jones M.D.

Registrar

S-Y CO. 24686



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-206

PLACE OF BIR [redacted]

013-213

Form V. S. No. 11-C-25m-6-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfi[redacted] Registration District No. 58th File No. 83438

No. 2 Miles North St.

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Phyllis Irene Leek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 6 1920

FATHER

FULL NAME: Chet W. Leek

RESIDENCE: Fairfield Idaho

COLOR: white AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Pennsylvania

OCCUPATION: County Assessor

MOTHER

FULL MAIDEN NAME: Irene Ballard

RESIDENCE: Fairfield, Idaho

COLOR: white AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3d

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

(Signature) L Wilencheck

Physician (Physician or midwife)

Address Fairfield, Idaho

Filed Sept. 8 1920 L Wilencheck Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....

Registrar

S-Y-CO 36071

FEB 25 1943

415-113-013-416

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. _____ St.

Hospital _____

Registration District No. 58th

File No. 83439

Primary Registration District No. 2138

Registered No. _____

FULL NAME OF CHILD James Monroe Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept. 13 1920

FATHER		MOTHER	
FULL NAME	Russell Arnell Davis	FULL MAIDEN NAME	Maria Dawson
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Willencheck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho

_____ 19____

Filed Sept. 21 1920 L Willencheck

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-1/4-013-622

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Soldier

No. 2 1/2 miles N. St.
1 1/2 " E

Hospital

Registration District No. 58d

File No. 83440

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD Walter George Kiser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept. 14 1920

FATHER		MOTHER	
FULL NAME	George Kiser	FULL MAIDEN NAME	Mallie Osborn
RESIDENCE	Soldier, Idaho	RESIDENCE	Soldier, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) L Wilencheck

Physician
(Physician or midwife)

Address Fairfield, Idaho

Filed Sept 21 19 20 L Wilencheck
Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

334-116-013-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Soldier

No. 2 Miles East St.
1/2 mile North

Hospital

Registration District No. 58th

File No. 83441

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD Albert Lee Cluer

Sex of Child male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leland Cluer	FULL MAIDEN NAME	Hazel Walker
RESIDENCE	Soldier, Idaho	RESIDENCE	Soldier, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield Idaho

19

Filed Sept 16 1920 L Wilencheck

Registrar

Registrar

S-Y-CO 38071

7-16-41

AUG 7 1944

DECEASED

595-203-022719

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Drummond Registration District No. 10 File No. 83443

No. ____ St.

Primary Registration District No. 6 Registered No. 78

Hospital ____

FULL NAME OF CHILD AUDREY KATHRYN NIENDORF

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10-8-1920

	FATHER	MOTHER
FULL NAME	Loyd John Niendorff	MAY FULL MAIDEN NAME Effie Garey
RESIDENCE	Drummond, Ida.	Drummond, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	35 (Years)	28 (Years)
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 8A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Williams

Physician

(Physician or midwife)

Address Drummond, Ida

Given names added from a supplemental report. ____ 19____

Filed 10/14 1920 C. C. Williams Registrar.

____ Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-290082

DEC 29 1941

STATE OF _____)
) SS.
COUNTY OF _____)

AFFIDAVITS FOR CORRECTION OF A RECORD

Mr. L. J. Niendorf of Drummond, Idaho

Being first duly sworn, deposes and says that he is ~~xxxxxxxxx~~
(if related, specify degree,

the Father of Barbara Neindorff
if friend or otherwise, so state)

who was born in the city of Drummond, County of Fremont
(was born, died)

on the 3rd day of Oct., 19 20, as stated in a certificate of birth
birth or

filed by C. C. Meacham, M. D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Ashton, County of Fremont

Idaho, on the 4th day of October 19 20

That the following facts set forth in said certificate are not correctly

stated therein, to wit: Name of Child -- Barbara Neindorff.

Father's Name -- Lloyd J. Neindorff. Mother's Name -- Effie Garver Neindorff.

That affiant upon His own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Name of Child -- Audrey Kathryn Niendorf. Father's Name --

Loyd John Niendorf. Mother's Name -- Effie May Garver.

(SEAL)

Affiant L.J. Niendorf

Address Drummond Ida

Subscribed and sworn to before me this 8th day of Dec 19 4'

George Baum

Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Fremont)

L.J. Niendorf of Drummond Ida

being first duly sworn, deposes and says that he has knowledge of the facts

hereinbefore alleged and that the said facts as stated are true.

Affiant L.J. Niendorf

Address Drummond Ida

Subscribed and sworn to before me this 8th day of Dec 19 4'

George Baum

Notary Public

(Seal)

243-204-022-713

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Drummond

Registration District No. 102 File No. 83444

No. ..... St.

Primary Registration District No. 6 Registered No. 27

Hospital .....

FULL NAME OF CHILD Viola Francis Butler

Sex of Child X | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10-4-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vernon E. Butler	FULL MAIDEN NAME	Mildred Gallop Butler
RESIDENCE	Drummond, Ida.	RESIDENCE	Drummond, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Idaho

Filed 10/4 1920 C. C. Meacham Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1944

697-212-021-381

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 83446

No. ..... St.

Primary Registration District No. 2119

Registered No. 265

Hospital Home

FULL NAME OF CHILD Nellie Malena Wixom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Aug 12 1920

FATHER		MOTHER	
FULL NAME	Lewis Ezra Wixom	FULL MAIDEN NAME	Florence Malena Chapman
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Liberty Idaho.	BIRTHPLACE	Croydon Utah
OCCUPATION	Laborer	OCCUPATION	Home keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8.50 P M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Franklin Co. Idaho.

Filed Sept 2 1920 D. A. Kelton

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1945

FEB 19 1943

255-218-021-389

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of minkcreek

Registration District No. 27 File No. 83447

No. ..... St.

Primary Registration District No. 2119 Registered No. 266

Hospital .....

FULL NAME OF CHILD Della C Bennet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Bennet	FULL MAIDEN NAME	Alurna Christie
RESIDENCE	Minkcreek	RESIDENCE	minkcreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Berry Idaho	BIRTHPLACE	minkcreek
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

born 5 A m

Registrar

Address Nancy Rasmussen, minkcreek Ida

Filed Sept. 22 1920

Dra R Cueth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

318-206-021-313

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 32 Ward St.

Hospital

Registration District No. 27 File No. 83448

Primary Registration District No. 2119 Registered No. 275

FULL NAME OF CHILD RUBY TAYLOR

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Sept 6 1920

FATHER		MOTHER	
FULL NAME	Louis Clyde Taylor	FULL MAIDEN NAME	Ethel Olive Talbot
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston Idaho

Filed Oct. 2 1920

D. A. Quillen

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 83448

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Taylor	Ruby Taylor

Subscribed and sworn to before me this 6 day of Mar., 1942

Notary Public, residing at Preston Ida

My commission expires May 1 - 1944

(SEAL)

Signed Pearlin Taylor Roper.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) aunt

Preston Ida Rt 1 Box
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 136, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of Mar., 1942

Notary Public, residing at Preston Ida.

My commission expires May 1 - 1944

(SEAL)

Signed Mrs. Edna Taylor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 10 1942 By .....
(REGISTRAR'S SIGNATURE)

132-108-021-789

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH name added 9/12/79 STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Franklin

CERTIFICATE OF BIRTH

City of Dayton

Registration District No. 27 File No. 83449

No. ..... St.

Primary Registration District No. 2119 Registered No. 276

Hospital .....

FULL NAME OF CHILD Victor Thomas Atkinson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Sept 8 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Hyrum Atkinson	Martha May Phillips
RESIDENCE	Dayton Idaho	Dayton Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	38
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:50 A M. on the date above stated.

(Born alive or stillborn)

(Signature) Curtis Hunt

Physician

(Physician or midwife)

Address Preston Idaho

Filed Oct. 2 1920 D A R Curtis

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 15 4 12 PM '79

State of _____
County of _____ } ss.

Certificate No. 83449
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Atkinson (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 8, 1920 (Date of Event)

in Dayton, Idaho (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Victor Thomas Atkinson

Subscribed and sworn to before me this 13th day of August, 1979.

Notary Public, Joyce Jones

Residing at Overton, Nevada

My commission expires March 17, 1980

(Seal)

JOYCE JONES
Notary Public—State of Nevada
COUNTY OF CLARK
My Commission Expires Mar. 17, 1980

Victor Thomas Atkinson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 3/27/79

Honorable Discharge from the LDS Church gives name as Victor T. Atkinson born Sept. 8, 1920 ay Dayton, Idaho. date of separtation April 4, 1946. viewed by V. S.

SEP 12 1979

National Service Life Ins. gives name as Victor Thomas Atkinson ~~xxxx~~ dated 8-12-52 Poliy no V1308 37 01. viewed by V. S.

815-212:021-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 3d North St.

Registration District No. 24 File No. 83451

Primary Registration District No. 2119 Registered No. 278.

Hospital

FULL NAME OF CHILD ARDITH MYRL HANSEN

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 17 1920

FATHER		MOTHER	
FULL NAME	Reynold Andrew Hansen	FULL MAIDEN NAME	Olive Myrl Jones
RESIDENCE	Preston Idaho	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A M. on the date above stated.
(Born alive or stillborn)

(Signature) Curtis Hand

Physician
(Physician or midwife)

Address Preston Idaho

Filed Oct. 2 1920 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin

Certificate No. 83451

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ardith Myrl Hansen

Subscribed and sworn to before me this 1 3 day of August 1943

Notary Public, residing at ~~Dec 17 19~~ Preston Idaho

My commission expires Dec 17. 1944
(Seal)

Signed Clive Myrl Hansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

441 W. 2nd N. Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 21 1943

639-119-021-613

PLACE OF BIRTH name added 9-14-82

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 38 Park St.

Registration District No. 27 File No. 83452

Primary Registration District No. 2119 Registered No. 274

Hospital

FULL NAME OF CHILD Dean William Oliverson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 19 1920

	FATHER	MOTHER
FULL NAME	William Oliverson	Genet Watson
RESIDENCE	Idaho Falls Idaho	Idaho Falls Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	24 (Years)	22 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bond

Physician

(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

19

Registrar

Filed Oct. 2 1920. D. A. Peart

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-13-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of _____ } ss.

Certificate No. 83452
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Oliverson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 19, 1920 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Wm. Dean Oliverson

Subscribed and sworn to before me this 25th day of August, 19 82

Notary Public, Dan Milward

Residing at IDAHO FALLS, ID

My commission expires CONTINUOUS

(Seal)

x Janet W Green
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Graduation from LDS Church Seminary gives Dean Oliverson completed 2 years of study. Issued May 1, 1936. Viewed by V.S.

SEP 14 1982

Military Record gives Dean William Oliverson born 9-19-20 in Preston, Idaho was honorably discharged on 3-31-61. Viewed by V.S.

157-220-021-389

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

Registration District No. 27 File No. 83453

No. ..... St.

Primary Registration District No. 2119 Registered No. 280

Hospital .....

FULL NAME OF CHILD Maida Jepson

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Jepsen	FULL MAIDEN NAME	Anna Christina Christensen
RESIDENCE	Mink Creek Idaho	RESIDENCE	Mink Creek, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed Oct. 2 1920. Drak Culto Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 2 1944

253-124-021-639

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83454

County of Franklin

City of

No. 5th Ward St.

Registration District No. 27

File No.

Primary Registration District No. 2119.

Registered No. 281

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
M				yes	Sept 24 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Royal Keller	FULL MAIDEN NAME	Anna Lucy Oliverson
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report.

19

Registrar

Filed Oct. 2 1920 D. A. Russell
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-115-021-695

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27 File No. 83455

No. ..... St.

Primary Registration District No. 217 Registered No. 287

Hospital .....

FULL NAME OF CHILD Jesse Gordon Rasmussen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	5	yes	Sept 15 1920

FATHER		MOTHER	
FULL NAME	L. M. Rasmussen	FULL MAIDEN NAME	Elsie Fredrickson
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Boise Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weston Idaho

Filed Oct 19.... Dra R Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-21-41

263-201-021-559

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Idaho

Registration District No. 27 File No. 83456

No. ..... St.

Primary Registration District No. 2119 Registered No. 287

Hospital .....

FULL NAME OF CHILD Violet Margeret Kohler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	3	yes	Sept (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Anton S Kohler	FULL MAIDEN NAME	Selma A Neilson
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Providence Utah	BIRTHPLACE	Mellville Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B. Holder
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Weston Idaho

Filed Oct. 2 1920 Dr A R Cutler
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-231
021-364

PLACE O[illegible]

Bu[illegible]
CER[illegible]

County of Franklin.

City of Franklin.

Registration District No. 27

File No. 83457

No. ..... St.

Primary Registration District No. 2119

Registered No. 274

Hospital .....

FULL NAME OF CHILD Emma LaRue Robinson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Other (To be answered only in event of plural births)	6	Yes	July 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilburn Robinson.	FULL MAIDEN NAME	Jennie Comish.
RESIDENCE	Franklin, Ida,.	RESIDENCE	Franklin, Ida,.
COLOR	White. AGE AT LAST BIRTHDAY 39. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 38. (Years)
BIRTHPLACE	Franklin, Ida,.	BIRTHPLACE	Franklin, Ida,.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Secrest

Physician. (Physician or Midwife)

Given names added from a supplemental report

Address Logan, Utah,.

..... 19.....

Filed Sept. 23 1920 Dr. A. P. Cutler Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VIT. BUREAU NOV 15 1 42 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Box Elder } ss.

Certificate No. 83457

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Robinson (female) (Name on Original Certificate) who was born (Was Born or Died) on July 31, 1920 (Date of Event)

in Fraklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism - genealog Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 2 - 1973 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Emma LaRue Robinson

Subscribed and sworn to before me this 2 day of November, 1973

Harold W. Healy

Notary Public, residing at Ogden Utah

My commission expires Feb. 20 - 1976

(Seal)

Signed Merl N. Stokes

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

435 N 2 W, Logan, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of November, 1973

Harold W. Healy

Notary Public, residing at Ogden Utah

My commission expires Feb. 20 - 1976

(Seal)

Signed Jean Waite

(Signature of Any Credible Person)

R-FD #2, Brigham City Utah

(Street Address, City, State)

FORM DH 60-155 CL 10/19/73

Rush!

Family Group record fro Ernest Wilburn Robinson and Jane Helen Comish gives child's name as Emma LaRue Robinson. born July 31, 1920. Baptized Aug. 25, 1928 and wasEndowed Aug. 4, 1938. Viewed by V. S.

NOV 15 1973

165 - 204-024-269

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 83458

Primary Registration District No. 219 Registered No. 267

FULL NAME OF CHILD .....

Sex of Child Female. | Twin, Triplet or other? / (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Sept 4 (Month) (Day) 1921 (Year)

FATHER

FULL NAME James H Jensen

RESIDENCE Preston, Idaho

COLOR white AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Gentile Valley

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Amanda Sorensen

RESIDENCE Preston, Idaho

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Allen R Priddis

Physician

(Physician or midwife)

Address Preston, Idaho

Filed Sept. 22 1921 Dan Peterson

Registrar

284-115-021-815

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Winder

No. ..... St.

Hospital .....

Registration District No. 27 File No. 83459

Primary Registration District No. 2119 Registered No. 273

FULL NAME OF CHILD Karl H. Shuldburg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William A. Shuldburg	FULL MAIDEN NAME	Sarah June Hanson
RESIDENCE	Winder	RESIDENCE	Winder
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed Sept 22 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-109-021-469

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 83460

Primary Registration District No. 2119 Registered No. 268

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1			yes	Sept. (Month) 9 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leander M. Boyes	FULL MAIDEN NAME	Maud Dores
RESIDENCE	Clifton, Idaho	RESIDENCE	Clifton, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Oxford, Idaho	BIRTHPLACE	Clifton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Crullett

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed Sept. 22 1920 D. A. R. Crullett Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-101-021-795

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 27 File No. 83461

Primary Registration District No. 2119 Registered No. 269

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Sept (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alma Morrison	FULL MAIDEN NAME	Anna Leah Gregory
RESIDENCE	Franklin, Idaho	RESIDENCE	Franklin, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Cove Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed Sept. 22 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-211-021-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 83462

Primary Registration District No. 2119 Registered No. 270

FULL NAME OF CHILD Bernice Winger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Loren A. Winger	FULL MAIDEN NAME	Hazel M Williams
RESIDENCE	Riverdale,	RESIDENCE	Riverdale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Albert R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed Sept 22 1920 D A R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 8 10 30 AM '77

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83462

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Winger (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1920 (Date of Event) in Riverdale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Bernice Winger

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....

(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of June, 1972

Signed ..... (Signature of Any Credible Person)

Notary Public, residing at Rupert, Idaho

My commission expires May 18, 1974

(Seal)

315-8 2nd E. Preston Idaho (Street Address, City, State)

FORM DH 60-155 CL 12/23/71 nm

Certificate of Blessing issued by the Riverdale Ward of the L.D.S.Church states the name of child as Bernice Winger daughter of Loren A. Winger and Hazel Williams born Sept. 11, 1920 at Riverdale, Idaho and blessed November 7, 1920 in the L.d.S Church
Viewed by V.S.

Certificate of Baptism and Confiramtion certified that Bernice Winger was the daugh daughter of Loren A. Winger and Hazel Williams born Sept. 11, 1920 at Riverdale, Franklin County, Idaho and Baptized December 4, 1928 in the 1.D.S.Church.
Viewed by V.S.

766-114-021-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 83463

No. ..... St.

Primary Registration District No. 2119 Registered No. 271

Hospital .....

FULL NAME OF CHILD ~~Morrel~~ Jay Salmon Powell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. 14 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Morrel ~~Morrel~~ A. Powell	FULL MAIDEN NAME Florence Ethel Salmon
RESIDENCE Preston	RESIDENCE Preston
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION County Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Ida.

Filed Sept. 22 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1952

235-115-021-695

PLACE OF BIRTH

Form V. S. 3

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 83464

No. ..... St.

Primary Registration District No. 2119 Registered No. 272.

Hospital .....

FULL NAME OF CHILD SAMUEL GRANT STEVENSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	and	yes	Sept. 15 1920

FATHER		MOTHER	
FULL NAME	Samuel Stephenson	FULL MAIDEN NAME	Irene Winward
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Whitney, Ida.	BIRTHPLACE	Whitney
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7-10 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Curtis

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Preston, Idaho

Filed Sept. 22 1920. Dora Tillis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Cache } ss.

Certificate No. 83464

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Sept. 15, 1920 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 15, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	~~Stephenson~~ Stevenson	Stevenson
Name	Unnamed	Samuel Grant Stevenson

Subscribed and sworn to before me this 11th
day of June, 1942.

Notary Public, residing at Logan, Utah
My commission expires Aug. 2, 1944
(Seal)

Signed Drusa W. Stevenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
28 West 5th No. St. Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Cache } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of June, 1942.

Notary Public, residing at Logan, Utah
My commission expires Aug. 2, 1944
(Seal)

Signed W. E. McMurdie
(Signature of Any Credible Person Other Than Previous Year)
482 No. 5th East St. Logan, Utah
(Street Address, City, State)

JUN 18 1942

JUN 17 1942

592-126-021-793

Form V. S. No. 11-C-[illegible]-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Banida

No. ..... St.

Hospital .....

Registration District No. 27 File No. 83465

Primary Registration District No. 2119 Registered No. 286

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence W Nisson	FULL MAIDEN NAME	Eda Emily Picot
RESIDENCE	Banida, Ida.	RESIDENCE	Banida, Ida.
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Preston, Ida.	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer & teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Ida.

Filed Oct. 2 1920. D. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-126-021-514

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

Registration District No. 27 File No. 83466

Primary Registration District No. 2119 Registered No. 285

FULL NAME OF CHILD Frank Eames Benson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank T. Benson	FULL MAIDEN NAME	Elizabeth Eames
RESIDENCE	Preston Ida.	RESIDENCE	Preston, Idaho.
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Preston, Idaho.

Filed Oct. 2 1920. Dr A R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-224-021-262

STATE FILE NO.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek Registration District No. 27 File No. 83467

No. ..... St.

Primary Registration District No. 219 Registered No. 284

Hospital .....

FULL NAME OF CHILD Fawn Utley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				yes.	Sept. 24 19 20

FATHER

FULL NAME Geo. L. Utley

RESIDENCE Mink Creek.

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Richfield Utah

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Ivy Eliza Bosen.

RESIDENCE Mink Creek.

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ephraim Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Allen P. Cutler

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Oct. 2 1920. D. A. Preston
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1972

713 - 217-021 - 712

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 83468

No. ..... St.

Primary Registration District No. 2119 Registered No. 283

Hospital .....

FULL NAME OF CHILD Ada La Priel Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm G. Palmer	FULL MAIDEN NAME	Anna Gasman
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Craydon Utah	BIRTHPLACE	Weston, Ida.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed Oct. 2 1920. Dra R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1948

DEC 5 1952

MAY 23 1961

249-217-021-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. 83469

Primary Registration District No. 2119 Registered No. 282

FULL NAME OF CHILD Given Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Smith	FULL MAIDEN NAME	Terese Thomas
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Implement dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Preston, Idaho

Filed Oct. 2 1920 D. R. Cutler Registrar

Registrar

MARGIN RESERVED FOR BIND[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS [illegible] RECORD

N. B.—In case of more than one child at birth a SEPARATE [illegible] must be made for each and the number of each, in order of birth [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 83469

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for ____ (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1920 (Date of Event)
in Preston Idaho (Place of Event) are erroneous or were omitted: and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Smith	Gwen Smith

Subscribed and sworn to before me this 9 day of July, 1946

Notary Public, residing at Preston Idaho

My commission expires 1/21/50

(Seal)

Signed Teresa L. Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of July, 1946

Notary Public, residing at Preston Idaho

My commission expires 1/21/50

(Seal)

Signed Sarah Jensen

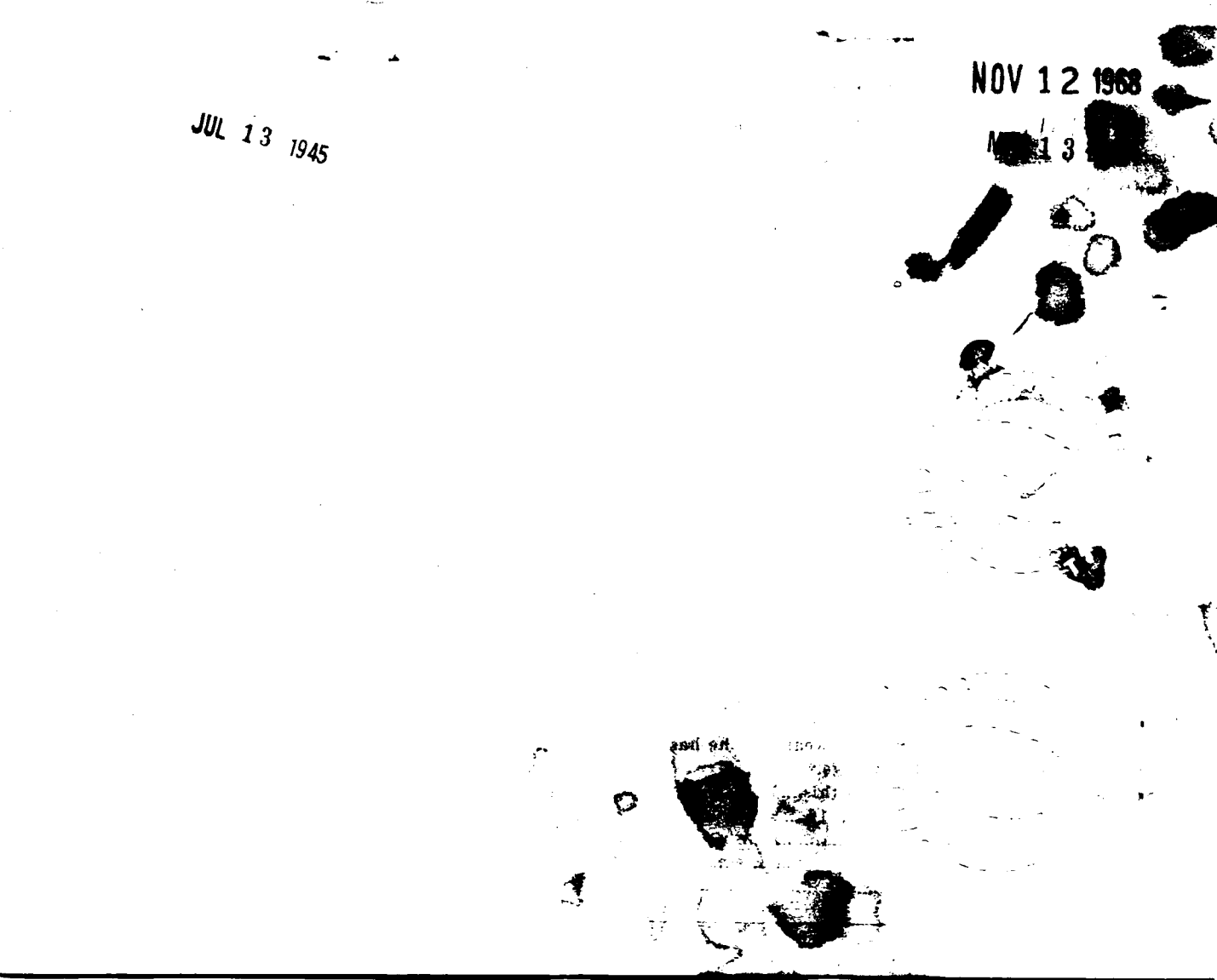
(Signature of Any Credible Person)

Preston Idaho

(Street Address, City, State)

JUL 13 1945

NOV 12 1968



249-Rp-021-815

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83470

PLACE OF BIRTH

County of Franklin

City of Riverdale

Registration District No. 27 File No.

No. St.

Primary Registration District No. 219 Registered No. 281

Hospital

FULL NAME OF CHILD Dean C. Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				yes	Sept. 16 1920.

FATHER

FULL NAME: Samuel L Smith

RESIDENCE: Riverdale

COLOR: W AGE AT LAST BIRTHDAY: 26. (Years)

BIRTHPLACE: Riverdale Ida.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Minnie M Hansen

RESIDENCE: Riverdale, Ida.

COLOR: W AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Mink Creek

OCCUPATION: Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a M. on the date above stated.

(Signature) Allen P Cutler

Physician (Physician or midwife)

Address Preston Idaho.

Filed Oct. 2 1920. Dora Quertus Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1969

AUG 29 1985

331-106-022-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

BURE[redacted]HO
[redacted]TATISTICS

CERTI[redacted] BIRTH

County of Fremont

City of Teton

Registration District No. 100 File No. 83471

No. St.

Primary Registration District No. 2178 Registered No. 303

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 6th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fremont C. Clark	FULL MAIDEN NAME	Edith Siepert
RESIDENCE	Teton I daho	RESIDENCE	Teton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Teton Idaho	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live On Aug. 6, 1920 2 A. M. on the date above stated.
*(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Rexburg Idaho.

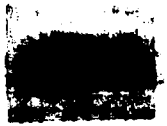
Registrar

Filed 9/12 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



856-219-022-193

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83472

Primary Registration District No. 2178 Registered No. 293

FULL NAME OF CHILD Ruth Heward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 19th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Teamcum W. Heward	FULL MAIDEN NAME	Vera Archibald
RESIDENCE	Newdale Idaho	RESIDENCE	Newdale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Rockland Idaho	BIRTHPLACE	Clarkston Utah
OCCUPATION	Clerk - Grain Elevator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Aug. 18 1920 at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson
M.D.
(Physician or midwife)*

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Registrar

Filed 9/20 1920 G. G. Eade
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 83472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Ruth Heward who born on August 19, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event) (Birth or Death)
in Newdale, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by church record prepared on October 3, 1920, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ruth Heward
birthdate	Aug. 18	Aug. 19 1920

Subscribed and sworn to before me this 21st day of March, 1944

C. D. Lauritzen
Notary Public, residing at Victor, Ida.

My commission expires Feb. 7, 1945
(Seal)

Signed J. W. Heward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Victor, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Fremont } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1944

C. D. Lauritzen
Notary Public, residing at Victor, Ida.

My commission expires Feb. 7, 1945
(Seal)

Signed Verna A Heward
(Signature of Any Credible Person Other Than Previous Year)

Victor, Idaho
(Street Address, City, State)

MAR 30 1944

418-104-023-443

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]
CERTIFICATE OF [redacted]

V. S. No. 11-C—Mar-8-8-17

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6 83473

Primary Registration District No. ..... No. .....

THOMAS HARRISON MAYHEW

FULL NAME OF CHILD Unnamed May[redacted]

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 4 1920

FATHER		MOTHER	
FULL NAME	Lloyd Mayhew	FULL MAIDEN NAME	Mary Mullins
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Washington	BIRTHPLACE	West Virginia
OCCUPATION	Mill Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 5. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

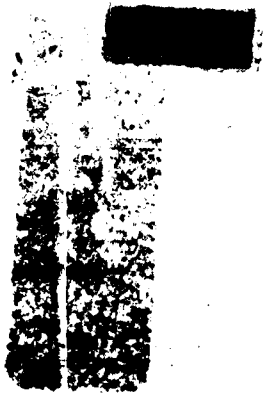
Filed 10/4 1921

J. L. Reynolds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 28 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-205-023 815

PLACE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rim 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 83474

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margaret Louise Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			yes	Oct 5 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Lee Turner	Anna Hansen
RESIDENCE	Rogerson Idaho	Rogerson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	19
BIRTHPLACE	Rancher Iowa	Colorado
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. E. Bird M.D.

(Physician or midwife)

Address Emmett Idaho

Filed Oct 6 1920 J. L. Reynolds Registrar

735-216-023-652

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Glenn

City of Ola

Registration District No. 6

File No. 83475

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Unnamed~~ Glenn, Marie Ellen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			yes	Sept 16 1920

FATHER		MOTHER	
FULL NAME	Sherman Glenn	FULL MAIDEN NAME	Naoma Webb
RESIDENCE	Ola Idaho	RESIDENCE	Ola
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was S.B. born alive (Born alive or stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed 10/1 19 20 J. A. Reynolds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83475

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Glenn (Name on Original Certificate) who born (Was Born or Died) on Sept. 16, 1920 (Date of Event) in Ola (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on #382114 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Marie Ellen Glenn

viewed by vital stat

Subscribed and sworn to before me this 23 day of February 1957

Signed Naomi Glenn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

309 So. Canal, Emmett Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of February 1957

Signed Helen Blessinger
(Signature of Any Credible Person)

Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

510 E 5th St Emmett Ida
(Street Address, City, State)

FORM DPH 55. 155

APR 24 1967

OCT 24 1967

312-209-023-231

PLACE OF BIRTH

Form V. S. No. 11-C—Rim-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Vicinity of Emmett

Registration District No. 6

File No. 83476

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Unnamed Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe			yes	Sept 9 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar A Cooper	Theresa Mary Stacy
RESIDENCE	Emmett R 2,	Emmett
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Idaho	Montana
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. L. Buford M.D.

(Physician or midwife)

Address Emmett Idaho

Filed 10/4 1920 J. A. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-125-023-469

PLACE OF BIRTH

Name added 2- 21-81

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6

File No. 83478

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD CLARENCE VERNON Spaulding

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		2nd	yes	Sept 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Spaulding	FULL MAIDEN NAME	Flora Monow
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:55 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett, Idaho

Registrar

Filed 10/4 1920

J. L. Reynolds
Registrar

10-3-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 8 2 37 PM '80

State of Idaho
County of Payette } ss.

Certificate No. 83477
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Spaulding (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 25, 1920 (Date of Event)

in Emmett, ID (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Clarence Vernon Spaulding

Subscribed and sworn to before me this 31st day of December, 1980
Notary Public, Donald B. Johnson
Residing at Payette, Idaho
My commission expires For Life
(Seal)

Clarence Spaulding
Signature of Applicant
328 15th Ave N Payette Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Payette } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of December, 1980.
Notary Public, Donald B. Johnson
Residing at Payette, Idaho
My commission expires For Life
(Seal)

Harry Spaulding
Supporting Signature
2265 Cherry Lane Emmett Idaho
Street Address, City, State

83617

Diploma from Emmett High school gives name as Clarence Vernon Spaulding, dated May 24, 1938. viewed by VS

FEB 13 1981

Marriage Licesn from Idaho gives name as Clarence Vernon Spaulding and Betty Jo Garmon. XXXXXXXXXXXXXXXXX dted Feb 10, 1942. viewed by V. S.

847-207-023-713

PLACE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15.38

CERTIFICATE OF BIRTH

Registration District No. 10

File No. 83479

Primary Registration District No. .....

Registered No. .....

Full Name of Child Ardell Hughes

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl		Yes	9/7 '20

FATHER

FULL NAME Pearl Edward Hughes

RESIDENCE Emmett Rt 2

COLOR White

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Iowa

OCCUPATION Common Labor

MOTHER

FULL MAIDEN NAME Etna Patton

RESIDENCE Same

COLOR White

AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2/07 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9/7/20 J. L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/6/40 L. B.

851-106-023-193

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 1071 File No. 83480

Primary Registration District No. _____ Registered No. _____

Full Name of Child Max Levin Heath

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Sept 6 [illegible]

FATHER

FULL NAME John Albert Heath

RESIDENCE Emmett R.F.D.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Doreen Arthes

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3-30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

Emmett (Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Registrar Filed 9/8 1920 J. L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1948

MAR 6 1976

693-113-023-168

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-16

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 83481

Primary Registration District No. _____ Registered No. _____

Full Name of Child DANIEL JACKSON WILLIAMS

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Sept 13 1920

FATHER

FULL NAME Thos H Williams

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Mo

OCCUPATION Common Labor

MOTHER

FULL MAIDEN NAME Alta Grace Johnson

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE [redacted]

OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett

Filed Sept 18 1920 J L Reynolds Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 21 1966

456-231-023-235

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 8

Primary Registration District No. _____

File No. 83482

Registered No. _____

Full Name of Child Fern Beatrice Deffenderfer

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Sept 21 1920

FATHER

FULL NAME: Fred Abraham Deffenderfer

RESIDENCE: Emmett Ida

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Mo

OCCUPATION: Common Labor

MOTHER

FULL MAIDEN NAME: Della Blevens

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Ohio

OCCUPATION: House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 23 1920 J. L. Reynolds Jr.
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 26 9 14 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Missouri } ss.
County of Christian

Certificate No. 83482

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Deffenderfer (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1920 (Date of Event)
in Emmett, Idaho (Place of Event), are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family Register (Bible Record, Insurance Policy, Etc.) prepared on prior to 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Fern Beatrice Deffenderfer

Subscribed and sworn to before me this 17th day of May, 1976.

Notary Public, residing at Ozark, Mo
My commission expires 6-2-1976
(Seal)

Signed Agnes Melton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

903 So 3rd Street, Ozark, Mo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of Christian

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of May, 1976.

Ozark, Mo, Sam Cyrell, NP

Notary Public, residing at Ozark, Mo
My commission expires 6-2-1976
(Seal)

Signed
(Signature of Any Credible Person)

P.O. Box 158 Ozark, Mo.
(Street Address, City, State)

FORM DH 60-155

CL 4/18/75 ret'd $10 check

Birth Certif from San Antonio Community Hospital, Upland, Calif gives child's name as Judith Ann Bennell born Nov 22, 1940. Father's name as Wesley Edgar Binnel and mother's name as Fern Beatrice Deffenderfer. Viewed by V. S.

JUL 19 1976

Birth certif form same hospital as above gives child's name as Cheryl Lynn Binnell born Dec 14, 1944. father's name as Wesley Edgar Binnelland Fern Beatrice Deffenderfer. viewed by V. S.

Transcript from Chaffey Union High school gives name as Fern (Beatrice) Deffenderfer bot 9/21/20 at Boyce, Idaho. fathers name a Fred Deffenderfer. dated 1935-1936 viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-121-034-951

PLACE OF BIRTH

STATE OF I[redacted]

BUREAU OF VITAL[redacted]

[redacted]. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. .....

File No. 83483

No. ..... St.

Primary Registration District No. 1014

Registered No. .....

Hospital .....

FULL NAME OF CHILD Glenn William ~~Baby~~ Beatty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 21 1920

FATHER		MOTHER	
FULL NAME	Glenn Beatty	FULL MAIDEN NAME	Louise Readdy
RESIDENCE	Gooding	RESIDENCE	~~[illegible]~~ Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Mgr. Telephone Exchange	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 H M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Cary MD

PV LWC

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Idaho

Filed 9/25 1920 F J Cary MD

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL ~~STATISTICS~~

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of ADA }

Certificate No. 83483

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Baby Beatty (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 21, 1920 (DATE OF EVENT)
in Gooding (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 10-1-1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No Name	Glenn William Beatty

Subscribed and sworn to before me this 10TH
day of February, 19 42
Victor W. Jorgensen
Notary Public, residing at Boise, Idaho
My commission expires March 19, 1942
(SEAL)

Signed W. Glenn Beatty
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1608-No 9th Boise Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of ADA }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10TH
day of February, 19 42
Victor W. Jorgensen
Notary Public, residing at Boise Idaho
My commission expires March 19, 1942
(SEAL)

Signed Edward P Moore
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1411 No 21st St Boise Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 10 1942

JUN 6 1949

243-625-024-697

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital ..... JAMES L.

FULL NAME OF CHILD Baby Sullivan

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. .....

File No. 83484

Primary Registration District No. 1014

Registered No. .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 25 1920

FATHER	MOTHER
FULL NAME James Sullivan	FULL MAIDEN NAME Luella Wilson
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Okla	BIRTHPLACE Idaho
OCCUPATION Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L W Campbell MD

(Physician or midwife)

Address Gooding Ida

Filed 9-25-1920

A T Campbell Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 83484

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	James L. Sullivan

Subscribed and sworn to before me this 28th day of December, 19 47

Marion E. Orr
Notary Public, residing at Boise, Idaho

My commission expires 6-24-48
(SEAL)

Signed James William Sullivan
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

..... (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 28 1940

819-230-024-286

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 2014 File No. 83485

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Harrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sep 30 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	George Harrell	FULL MAIDEN NAME	May Shown
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Texas —	BIRTHPLACE	Texas —
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb per A. Z. —

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Ida —

Filed 10-4- 1920

F J Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1973

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 - 213 - 024 - 841

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 2014 File No. 83486

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Vernie Bartmess

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Female				Yes	Sept 13 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul Bartmess	Evelyn Hyde
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Oregon	Kansas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) N. E. Lamb
per A. Zingg
(Physician or midwife)

Address Gooding, Idaho

Filed 10-4-1920

F J Carey M D
Registrar

MAR 21 1946

MAY 4 1967

813-102-024-749 ✓

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. ..... File No. 83487

Primary Registration District No. 1034 Registered No. .....

FULL NAME OF CHILD Halpin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep. (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Halpin	FULL MAIDEN NAME	Anna McGurk
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
Rev A. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Ida -

Filed 10 - 4 - 1920

F T Cary MD
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-128-024-418 ✓

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding Registration District No. File No. 83488

No. St.

Primary Registration District No. 1014 Registered No.

Hospital

FULL NAME OF CHILD ARTHUR JAMES Stearns JR.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 28 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Stearns	Mable Maharg
RESIDENCE	Gooding	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	South Dakota	South Dakota
OCCUPATION	Motor Salesman	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E Lamb
Rex A. Gregg
(Physician or midwife)

Address Gooding, Ida —

Given names added from a supplemental report.

19

Registrar

Filed 10-4-1920

F J Carey MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 83488
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Arthur James Stearns, Jr.

Subscribed and sworn to before me this 28th day of October, 1941.

Notary Public, residing at Boise, Idaho.

My commission expires Jan. 9, 1944.

[SEAL]

Signed Maud M. Stearns
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Maud M. Stearns
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

Route 2, Boise Ida

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Ada

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1941.

G. E. Reynolds

Notary Public, residing at Boise

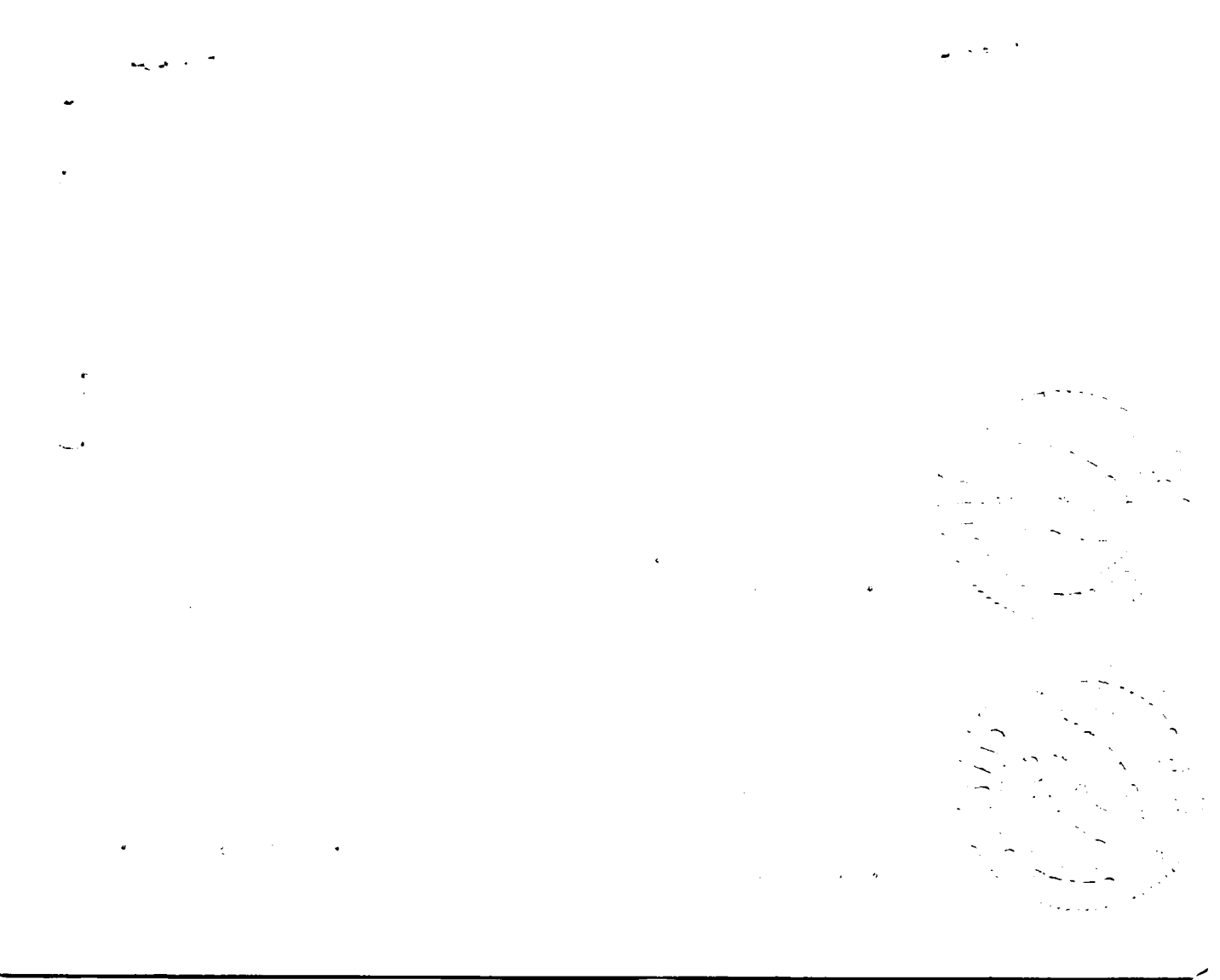
My commission expires Jan. 9, 1944.

[SEAL]

Signed Arthur J. Stearns
(Signature of any credible person other than the previous affiant.)

Route 2 ~~1094 Main St~~. Boise, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-221-024-214 ✓

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hendell Registration District No. 2014 File No. 83489

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Spears

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Aug. 21 (Month) (Day) 19 20 (Year)

FATHER		MOTHER	
FULL NAME	Ross Spears.	FULL MAIDEN NAME	Carrie Sams
RESIDENCE	Hendell	RESIDENCE	Hendell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29	COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:00 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
per A. Zingg
(Physician or midwife)

Address Gooding, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10-4- 19 20

F J Carey MD
Registrar

MAR 2 4 1975

753 - 212-024 - 297

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 83490

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elsa Lois [redacted] Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept. 12 1920

FATHER	MOTHER
FULL NAME Louis M. Peterson	FULL MAIDEN NAME Hazel Briggs.
RESIDENCE Gooding, Idaho	RESIDENCE Gooding, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Montana
OCCUPATION Laborer.	OCCUPATION Home wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. Alive, at 7 A.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding, Ida —

Filed 10-5- 1920

F. I. Laymon

Registrar

Nov. 6, 1940 L.B.

291-122-024 (Be sure the information is complete and accurate)

Amended 2-19-69

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83491
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Gooding
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gooding
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gooding
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Robert
b. (Middle): Wayne
c. (Last): Braga

4. SEX: Male
5a. THIS BIRTH SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born) 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): September 22, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Antonio
b. (Middle): C.
c. (Last): Braga

8. AGE (At time of this birth): 47 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Azores Islands
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): A.
c. (Last): Silva

13. AGE (At time of this birth): 38 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Azores Islands
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 10
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. H. Cromwell, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Gooding, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 10-5-20
22. REGISTRAR'S SIGNATURE: F. F. Cary, M.D.
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

... the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED FEB 17 1960 Bureau of Vital Statistics

State of Idaho
County of Gooding

Certificate No. 83491
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bragga (Name on Original Certificate) who born (Was Born or Died) on Sept. 22, 1920 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Robert Wayne Braga
Full Name of Father	Antoini Bragga	Antonio C. Braga

Subscribed and sworn to before me this 5th day of July, 19 60

Notary Public, residing at Gooding, Idaho
My commission expires 10/26/62
(Seal)

Signed Mary A Braga
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
Gooding, Idaho (Mother)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155 CL 5-27-60. nm

Photocopy of marriage license, State of Idaho, State File #53-702, gives name of groom as Robert Wayne Braga. - Viewed by V.S.

Photocopy of personnel security questionnaire from the Atomic Energy Commission, dated November 27, 1956, gives name as Robert Wayne Braga. Viewed by V.S.

List of relatives gives father's name as Antonio C. Braga. - Viewed by V.S.

Mr. Benson gave approval to correct certificate.

February 13, 1969

RECEIVED
FEB 17 1969
Bureau of Vital Statistics

Idaho Department of Health
Division of Vital Statistics
608 Hays
Boise, Idaho 83702

Attn: W. W. Benson, Registrar

Dear Mr. Benson:

This letter is to seek a corrected Certificate of Birth for the following. There was never a birth certificate issued for this man. The following information is hereby submitted for your correction in issueing a birth certificate for this man.

True name of requester:	Robert Wayne Braga
Date of Birth	September 23, 1920
Place of Birth	Gooding, Idaho

Attached hereto to support this request is the following documents:

Affidavit to correct Certificate of Birth signed by Mr. Braga mother on 10-26-62 in Gooding, Idaho. This action was never completed. Mrs. Mary A. Braga is now deceased.

A photo copy of a Marriage License.

A photo copy of the employment questionnaire from the Atomic Energy Commission.

I certify that the above facts are true to the best of my knowledge.

Robert Wayne Braga
Rte # 1 Box 47 A
Arco, Idaho 83213

Subscribed and sworn to before me this 13th day of February, 1969.

Glenn A. Phillips, a notary public residing at Arco, Idaho. My commission expires September 20, 1972.

correction

796-101-024-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24 File No. 83492

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD George Francis Proctor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Warren Proctor	FULL MAIDEN NAME	Mattie Marie Stott
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	pharmacist	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding, Ida

Filed 10/6 1920 F J Cary M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942

Dup of 1920-78432

NOT

314-216-024-695

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. R F D St.

Registration District No. ~~1074~~ 24

File No. 83493

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Mary Campbell

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	June 16 1920

FATHER	MOTHER
FULL NAME Eunice Campbell	FULL MAIDEN NAME Myrtle Winters
RESIDENCE Gooding Ida	RESIDENCE Gooding Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Nebr.	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J H Cromwell M D

(Physician or midwife)

Address Gooding, Ida

Filed July 6 1920

F I Campbell
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1975

Dup of 1930-80840

869-127-025-962

[redacted] 11-G—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Stites

Registration District No. 106

File No. 83496

No. ..... St.

Primary Registration District No. 21841

Registered No. .....

Hospital .....

FULL NAME OF CHILD Oliver Robinette Horace 51

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 27 1920

FATHER		MOTHER	
FULL NAME	Madison Colwell Horace	FULL MAIDEN NAME	Maude Robinette
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Gen Work	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Idaho

Filed Oct 10 1920 J M Weibeck Knoes

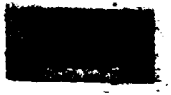
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



795-226-025-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

Registration District No. 106 File No. 83497

No. St.

Primary Registration District No. 2184 Registered No. 50

Hospital LORNA MAE GREVING

FULL NAME OF CHILD Lona Greving

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 26 (Month) (Day) 20 (Year)

FATHER	MOTHER
FULL NAME Lewis Henry Greving	FULL MAIDEN NAME Ruby May Keeling
RESIDENCE Stites	RESIDENCE Stites
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Missouri
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D.

(Physician or midwife)

Address Stites Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 10 1920

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83497

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lorna	Lorna Mae Greving

Subscribed and sworn to before me this 10th day of August, 1962.

Notary Public, residing at Mill Valley, Cal.

My commission expires 26 October, 1965.
(Seal)

Signed Mrs L. H. Greving
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 14 1942

AUG 17 1942

438-216-025-26-4

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Registration District No. 106

File No. 83498

Primary Registration District No. 2184

Registered No. 49

Hospital .....

FULL NAME OF CHILD Valerie McHone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 16 1920

FATHER	MOTHER
FULL NAME: Frank McHone	FULL MAIDEN NAME: Eva Bodenhofer
RESIDENCE: Kooskia - Idaho	RESIDENCE: Kooskia - Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Eureka - Kansas	BIRTHPLACE: Oxford - Nova Scotia
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 10 35 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Weber MD

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia Idaho

Registrar

Filed Oct 10 1920

J M Weber MD

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

249-222-025-284

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 83499

Primary Registration District No. 1001 Registered No. 52

FULL NAME OF CHILD Betty June Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George William Smith	FULL MAIDEN NAME	Bertha Squibb
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N. X. Vernon Ind.	BIRTHPLACE	Idaho Falls Idaho
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Chipman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Grangeville Idaho

Filed Oct 1 1920 G S Stockton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

147-120-025-255

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 83500

Primary Registration District No. 1001 Registered No. 51

FULL NAME OF CHILD John Berchmans Auger Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Sept 20 1920

FATHER		MOTHER	
FULL NAME	Berchmans Auger	FULL MAIDEN NAME	Clara E Bennett
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ontario Can.	BIRTHPLACE	Iowa
OCCUPATION	attorney at law	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Ida

Filed Oct 1 1920 G S Stockton

Registrar

1/3/41 L. B.

218/41 Z.J.

895-115-025-519

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83501

County of Idaho

City of Grangeville Registration District No. 103 File No.

No. St.

Primary Registration District No. 2181 Registered No. 50

Hospital

FULL NAME OF CHILD Melbourne Dale Hindman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Sept 15 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira I Hindman	Mary J Earp
RESIDENCE	Mt Idaho	Mt Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Iowa	Arkansas
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) G S Stockton
(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Oct 1 1920 G S Stockton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

418-204-025-944

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 83502

No. ..... St.

Primary Registration District No. 2181 Registered No. 49

Hospital .....

FULL NAME OF CHILD Anna Christina Dahl

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 4 1920

FATHER		MOTHER	
FULL NAME	Anton C Dahl	FULL MAIDEN NAME	May P Zumwalt
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) G S Stocklin

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Oct 1 19 20 G. S. Stocklin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1942

964-113-025-445

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Boles

No. ..... St.

Hospital .....

Registration District No. 103 File No. 83504

Primary Registration District No. 2181 Registered No. 47

FULL NAME OF CHILD Donald Arthur Romig.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Aug 3 1920

FATHER		MOTHER	
FULL NAME	Robert Roy Romig.	FULL MAIDEN NAME	Beatrice Antoinette Dunsmore
RESIDENCE	Boles Idaho	RESIDENCE	Boles Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Brandon Iowa.	BIRTHPLACE	Carroll Iowa
OCCUPATION	Concrete Worker	OCCUPATION	Housekeeper.

[illegible] of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-30 A.M. on the date above stated.

{ [illegible] attending physician or mi[illegible], householder, etc., shou[illegible]. A stillborn child is one th[illegible] shows other evidence of [illegible] }

(Signature) Orlena Jackson

midwife
(Physician or midwife)

Given name[illegible] a supplemental report.

..... 19....

Address boles idaho

Filed Oct 1 1920 G. S. Stockton
Registrar

Registrar

MA[illegible] FOR BINDING.

WRITE PLAINLY [illegible] INK—THIS IS A PERMANENT RECORD

N. B.—In case of more [illegible] a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

FEB 27 1964

473-101-025-243

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83505

County of Idaho

City of Kenteroville Registration District No. 105 File No. 80

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edward John Upstmor

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 1 20

FATHER		MOTHER	
FULL NAME	Joseph Upstmor	FULL MAIDEN NAME	Caroline Mary Suckstorff
RESIDENCE	Kenteroville Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 15 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood Idaho

Filed Sept 2nd 1920 H B Blake
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654-206-025-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83506

County of Idaho

City of Cottonwood Registration District No. 105 File No. 83506

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helena Mary Wemhoff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 6th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Wemhoff	Mary Bockhaus
RESIDENCE	Cottonwood Ida.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Neb.	Neb.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Blake M.D.

(Physician or midwife)

Address Cottonwood Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 29 Sept 1920

W B Blake

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-229-025-669.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Green Creek

Registration District No. 105

File No. 82 83507

No. _____ St.

Primary Registration District No. 2183

Registered No. _____

Hospital _____

FULL NAME OF CHILD Elda Maxine Robertson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Raymond Robertson	FULL MAIDEN NAME	Jennie Forsemore
RESIDENCE	Green Creek Idaho	RESIDENCE	Green Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Colfax Wash	BIRTHPLACE	Cottonwood Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shimnick M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cottonwood Idaho

Filed Sept 11 1920 H B Blake
Registrar

Registrar

8-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 11 1945

354-210-025-295

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83508

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 83

No. _____ St.

Primary Registration District No. 2183 Registered No. _____

Hospital _____

FULL NAME OF CHILD Maxine Elizabeth Ledford

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 10 1920

FATHER		MOTHER	
FULL NAME	Fred Ledford	FULL MAIDEN NAME	Rena Pearl Singleton
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ledger N. C.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Cottonwood Idaho

Filed Sept 11 1920 H B Blake

Registrar

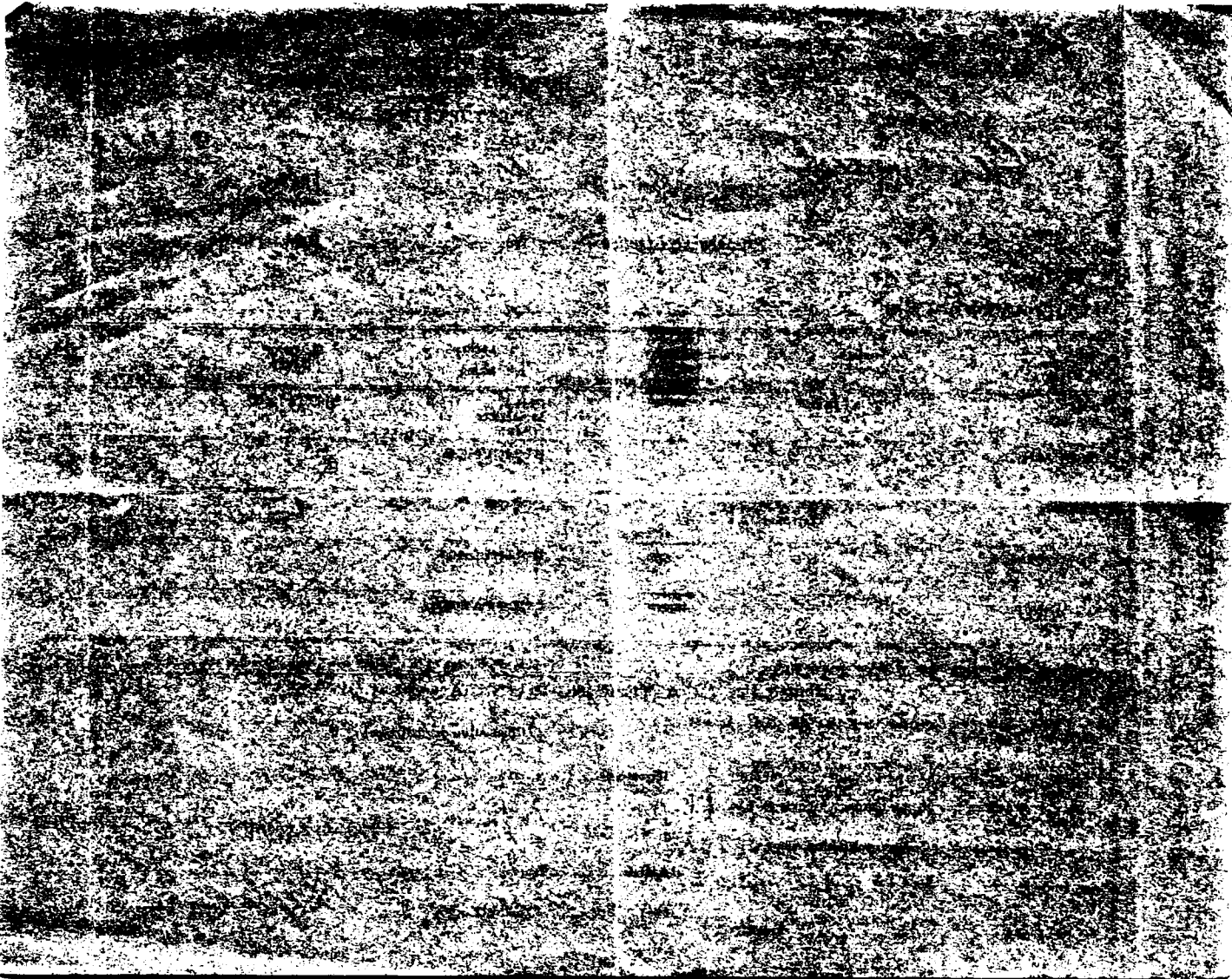
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



437-212-025-793

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 83509

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mabel Irene McPherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 12th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George R McPherson	FULL MAIDEN NAME	Myrtle M Pitt
RESIDENCE	Cottonwood Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	59 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Sept 14 1920

H B Blake
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. '

STATE OF IDAHO

83509

BOARD OF HEALTH – BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Cottonwood

Street and House No.

County Idaho

Registered No. 84

Registration Dist. No. 105

Sex of Child Female

Date of Birth Sept 12 1920
MONTH DAY YEAR

Father George R McPherson
FULL NAME

Mother Myrtle M Pitt
FULL MAIDEN NAME

I Hereby Certify that the child described here
has been named:

Mable Irene McPherson
GIVEN NAME IN FULL SURNAME

as reported by both Father & Mothe
FATHER OR MOTHER

W O McClure
LOCAL REGISTRAR

JUL 7 1943

755 - 216 - 025 - 000

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83510

Registration District No. 105 File No. 85

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Margery Bernice Gentry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 16 1920

FATHER		MOTHER	
FULL NAME	Thomas Gentry	FULL MAIDEN NAME	Amelia
RESIDENCE	Cottonwood Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	N C.	BIRTHPLACE	N Dak.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M D

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 16 1920

H B Blake

Registrar

FEB 12 1976

666-229-025-318

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Idaho

City of Woodland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 83512

Primary Registration District No. 428 Registered No. .....

FULL NAME OF CHILD Wood, Thelma Louise

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 29 1920

FATHER	MOTHER
FULL NAME William Wood	FULL MAIDEN NAME Ann Taylor
RESIDENCE Woodland, Id	RESIDENCE Woodland Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Oregon
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1, P. M. on the date above stated.

(Signature) C. A. Benjamin M.D.

(Physician or midwife)

Address Fairview, Or

Filed 10/8 1920 C. J. Johnson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1953

846-221-025-359

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83513

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 86

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Willetta Eva Huffman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth
Female				yes	Aug 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Burrel Huffman	FULL MAIDEN NAME	Belvie Terwilliger
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Sept 21 1920 H B Blake

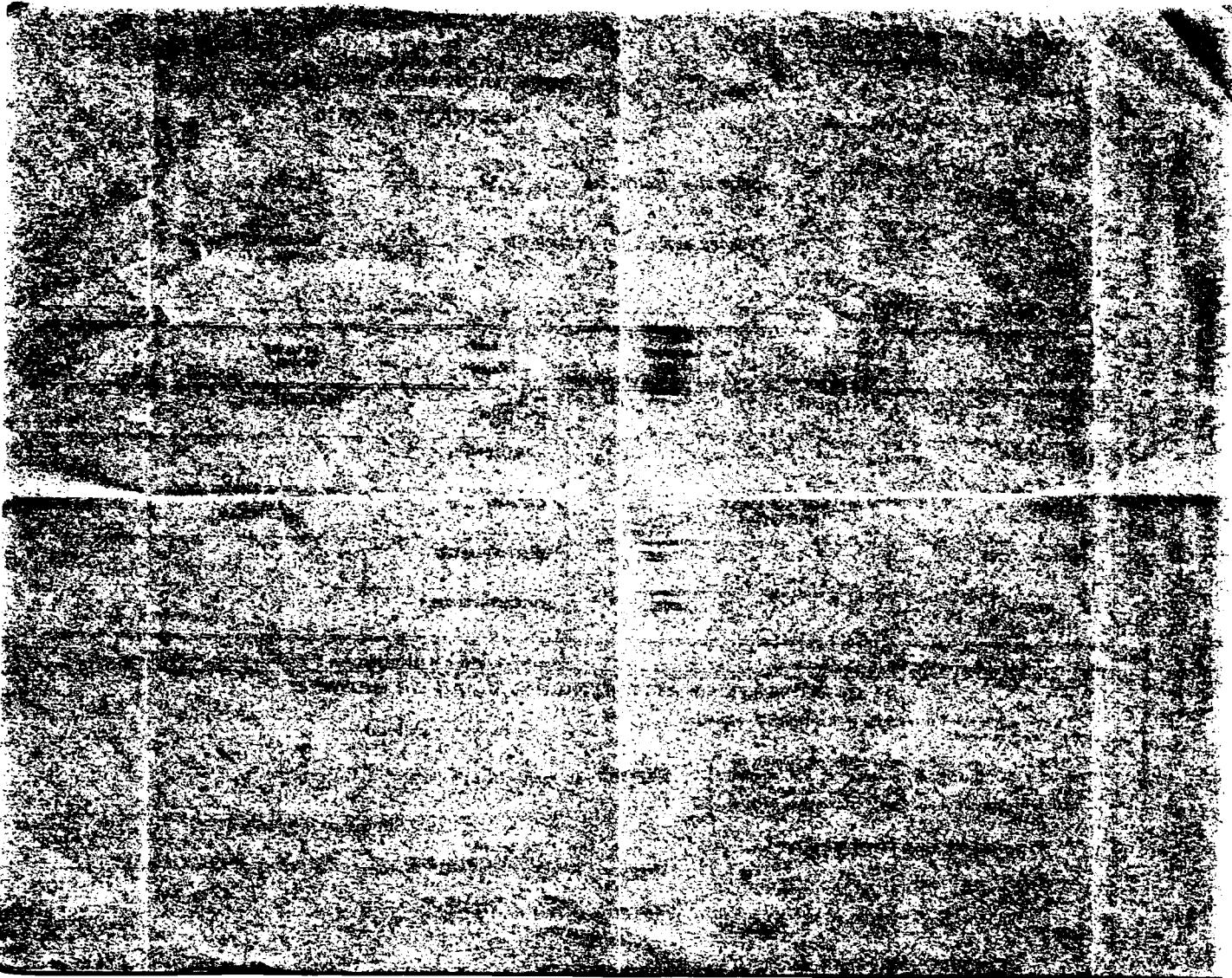
Registrar Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



122-115-025-319

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. — St.

Hospital no

Registration District No. 105 File No. 83514

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Kenton William Asker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
M		yes	Sept 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Nicklos Asker	FULL MAIDEN NAME	Marie Edith Carlson
RESIDENCE	Cottonwood Idaho	RESIDENCE	Cottonwood Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Cottonwood Idaho	BIRTHPLACE	Walla Walla Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 35 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shumnick Md.

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address Cottonwood Idaho

Filed Sept 21 1920 H B Blake
Registrar

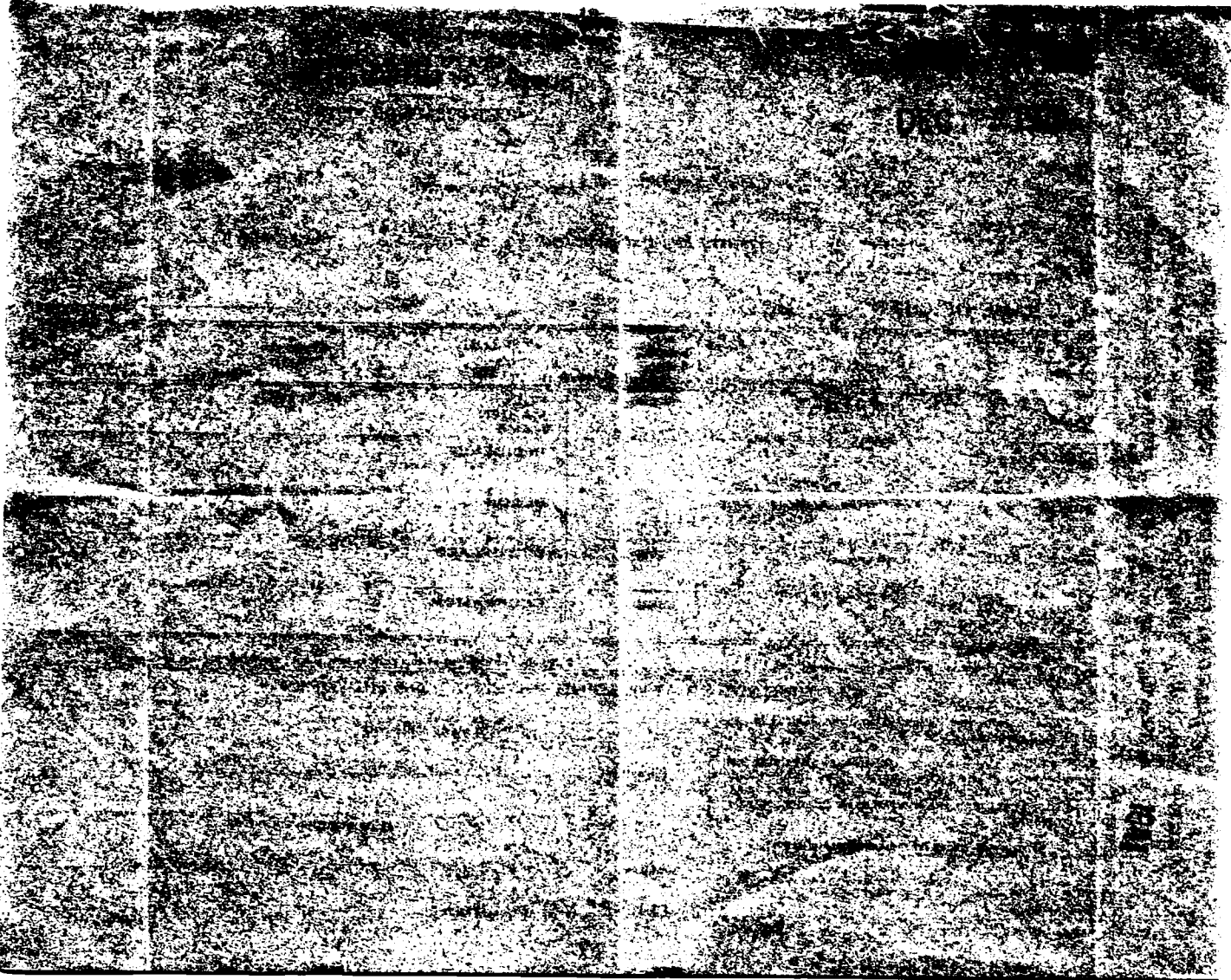
Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



219-217-027-967

[redacted] CE OF BIRTH

Form V. S. No. 11-C—Rev. 6-5-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83515

County of Jerome

City of Eden

No. ..... St.

Registration District No. 37

Primary Registration District No. 2085

File No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD MARIAN ELEANOR [redacted] Bailey

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth: 9 (Month) 17 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Grover Bailey	FULL MAIDEN NAME: Minnie R. Rogers
RESIDENCE: Eden Ida	RESIDENCE: Eden
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 6 1920 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 83515

State of ..... } ss.
County of .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Bailey	Marian Eleanor Bailey

Subscribed and sworn to before me this 18th day of May, 19 42.

Notary Public, residing at Hazelton, Idaho

My commission expires Sept. 27, 1945

(SEAL)

Signed Mrs. Minnie Roberta Bailey

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 19 42.

Notary Public, residing at Hazelton, Idaho

My commission expires Sept. 27, 1945

(SEAL)

Signed Mrs. H. J. Paul

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Eden Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 21 1942 By .....

(REGISTRAR'S SIGNATURE)

MAY 25 1942

249-223-027-766

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23 File No. 83516

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bobbie Imogene Smith

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	July 23 1920

FATHER		MOTHER	
FULL NAME	Barney Smith	FULL MAIDEN NAME	Anna Goodnight
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry MD

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 18 1920 C. D. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

749-123-027-2v3

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 16

File No. 83517

Primary Registration District No. 2016

Registered No. 34

Full Name of Child George ~~H~~ LESLIE Gurwell ~~Jr~~

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Sept (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George William Gurwell	FULL MAIDEN NAME	Pearl Margarette Butler
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:58 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Apr 24 1920 [signature]

Registrar

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Clatsop }

JAN 27 19[illegible]

Certificate No. 83517

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Gurwell	George Leslie Gurwell

Subscribed and sworn to before me this 22nd
day of January, 19 42

Signed George William Gurwell (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Seaside Ore

My commission expires Jan 10 1945.
(SEAL)

..... (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of January, 1942

Signed Homer F. Roberson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Jerome Idaho

My commission expires Nov 1-1942
(SEAL)

Jerome Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 2 1942

SEP 17 1963

653-224-027-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 File No. 83518

No. ..... St.

Primary Registration District No. 1017 1017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Grace Wells

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	July (Month) 24th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Simon Wells	FULL MAIDEN NAME	Mame Lalumander
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Colo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Berry M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed 9/18 1920 E. D. Piper M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Twin Falls)

Certificate No. 83518

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Francia Grace (Name on original certificate) who born (was born or died) on July 23 1920 (Date of event) in Rogerson, Ida. (Place of event) are erroneous or were ommitted and that, to the best of his knowledge, the true facts of the case as shown by Insurance Policy (Bible record, insurance plcy.etc.) prepared on June 14 1939 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	Francia Grace	Frances Grace Wells
Birthdate	July 23, 1920	July 24, 1920

Subscribed and sworn to before me this 31 day of January 1942

Signed Maxine Wells
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Twin Falls Ida. 357-5th Ave E. Twin Falls, Ida.
(Street address, City, State)

My commission expires January 28, 1944

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Twin Falls)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of January 1942

Signed Gladys Worten
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at Twin Falls, Ida. 351 5th Ave East Twin Falls, Ida
(Street address, City, State)

My commission expires January 28, 1944
(SEAL)

FEB 1 4-1942

633-102-027-853

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 1017 2017

File No. 83519

Registered No. .....

FULL NAME OF CHILD Dare Ellis

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 2 1920

FATHER		MOTHER	
FULL NAME	Mathew Ellis	FULL MAIDEN NAME	Ethel Edith Rose Helms
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 45 P M. on the date above stated.

(Signature) E L Berry MD

(Physician or midwife)

Address Hazelton Ida

Filed 9/18 1920 E. D. Piper M. D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 195

343-115-0277-253

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Hazelton — Registration District No. 43 — File No. 83520

No. ____ St. — Primary Registration District No. 1017 2017 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Ralph LaVerne VEARN Luttle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	July 15 1920

FATHER	MOTHER
FULL NAME Leroy Francis Luttle	FULL MAIDEN NAME Grace Kelly
RESIDENCE Hazelton Ida	RESIDENCE Hazelton Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

(Signature) E L Berry M D

(Physician or midwife)

Address Hazelton, Ida.

Filed 9/18 1920 E. D. Piper M. D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Yamhill }

Certificate No. 83520

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ralph Lavern Tuttle (Name on Original Certificate) who born (Was Born or Died) on July 15, 1920 (Date of Event) in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Ralph Lavern Tuttle	Ralph Vearn Tuttle

Subscribed and sworn to before me this 1 day of October 1942

Notary Public, residing at Sheridan Or.

My commission expires Aug. 29, 1943
(Seal)

Signed Grace C Tuttle.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 6 1942

366-206-027-699

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23

File No. 83521

No. ..... St. 1017

Primary Registration District No. 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD MARGARET MERL COOK

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 6 1920

	FATHER	MOTHER
FULL NAME	Ira B Cook	Bertha Firestone
RESIDENCE	Eden, Ida.	Eden, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Ark.	Ark.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. S Scroggs M.D.

(Physician or midwife)

Address Eden Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/18 1920 E. D. Potter

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 83521

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret Merl Cook

Subscribed and sworn to before me this 12
day of July, 1943

Signed Ona B. Cook

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fahish Fraser
Circuit Clerk ~~Notary Public~~, residing at Clinton, Arkansas

Archey, Arkansas
(Street Address, City, State)

My commission expires 12-31-1944
(Seal)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

(Street Address, City, State)

My commission expires .....
(Seal)

JUL 21 1943

996-104-027-354

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23

File No. 83522

No. ..... St.

Primary Registration District No. 1017 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Edwin Rife

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 4 1920

FATHER		MOTHER	
FULL NAME	Edwin Rife	FULL MAIDEN NAME	Clyda Redford
RESIDENCE	Eden, Ida.	RESIDENCE	Eden, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

(Signature) W. B. Scroggs M.D.

(Physician or midwife)

Address Eden, Ida.

Filed 9/18 1920 E. D. Pyle M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Kansas } ss. AUG 29 1941 Certificate No. 83522
County of Coffey } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Harold Edwin Rife (Name on original certificate) who was born (Was born or died) on Nov. 4, 1920 (Date of event)

in Eden, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Birthdate	Aug. 4, 1920	Nov. 4, 1920
age of mother	20	23

Subscribed and sworn to before me this 25th day of August, 1941

Dorothy Cochran

Notary Public, residing at Burlington, Kansas

My commission expires Feb. 20th, 1944

[SEAL]

Signed Clyda B. Rife Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Burlington, Kansas
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Arkansas } ss.
County of Benton }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of August, 1941

Leigh F. Brown

Notary Public, residing at Centerton

My commission expires Oct 12-1944

[SEAL]

Signed A. E. Lesfurd
(Signature of any credible person other than the previous affiant)

Centerton Arkansas
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

331-230-027-415

PLACE OF BIRTH
Amended 2-19-82

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23

File No. 83523

No. ..... St.

1017

Primary Registration District No. 2015

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ione Louisa Claiborne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	May	30	1920

FATHER		MOTHER	
FULL NAME	Jno. Claiborne	FULL MAIDEN NAME	Flora Davis
RESIDENCE	Eden, Idaho	RESIDENCE	Eden, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. C. Scroggs M.D.

(Physician or midwife)

Address Eden, Ida

Filed 9/18 1920 E. D. Pyke M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 19 2 03 PM '82

State of _____ } ss.
County of _____

Certificate No. 83523
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Claiborne (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 30, 1920 (Date of Event)

in Eden (Jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Ione Louisa Claiborne
sex of child	male	female

Subscribed and sworn to before me this 19th day of February, 1982.

Notary Public Gloyna Curtright

Residing at Boise

My commission expires 8 September

(Seal)

Ione L. Hogue
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Birth Certificate of Child, Robert John Hogue born Feb. 26, 1941, in Wendell, Idaho shows mother, (female) as Ione Louise Claiborne, born May 30, 1920, in Eden, Idaho. Viewed by V.S.

Family Record shows name as Iona Louisa Claiborne born May 30, 1920, in Eden, Idaho married in April 23, 1938, in Boise, Idaho. Family record dated March 12, 1942. Viewed by V.S.

315-122-027-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Eden

Registration District No. 23

File No. 83524

No. ____ St.

Primary Registration District No. 1017 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Carl Land

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 22 1920

FATHER

FULL NAME R. E. Land

RESIDENCE Eden, Idaho

COLOR White

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Beulah Mason

RESIDENCE Eden, Ida.

COLOR White

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Mo.

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 9 M. on the date above stated.

(Signature) W. P. Scroggs M. D.

(Physician or midwife)

Address Eden, Ida.

Filed 9/18 1920

E. D. Pyle M. D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1976

275-206-027-814

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 1017

Primary Registration District No. 2217

File No. 83525

Registered No. _____

Full Name of Child Iris Marie Spencer

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Feb 6 1920

	FATHER	MOTHER
FULL NAME	Edward E Spencer	FULL MAIDEN NAME Cora Hamlin
RESIDENCE	Jerome, Ida.	RESIDENCE Jerome
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Mo	BIRTHPLACE Mo
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Sept 18-1920 19.... E. D. Piper M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83525

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Iris Marie Spencer

Subscribed and sworn to before me this 13th day of July 1944

William G. Comstock

Notary Public, residing at

My commission expires 2nd Monday 1-45

(SEAL)

Signed Cora Ann Spencer

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Jerome Idaho. R-3.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUL 18 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

Registration District No. 23

Primary Registration District No. 1017 2017

File No. 83526

Registered No. ____

Full Name of Child William Thomas Robinson

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	—	—	Yes	Sept 2 19 20

FATHER		MOTHER	
FULL NAME	Edmond R. Robinson	FULL MAIDEN NAME	Geraldine Randolph
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Garage Proprietor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Peters M. D.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed ..... 19....

Registrar

Sept 8-1920

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INKS. THIS IS A PERMANENT RECORD

N.B.

352

(Years)

birth

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE O...

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. 631-212-021-385 St.

Registration District No. 2

File No. 83527

Primary Registration District No. 2017

Registered No.

Hospital

Full Name of Child Tsuyoshi Otani

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
7	—		—	Yes	Sept 12 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kishi Safuro Otani	FULL MAIDEN NAME	Kishima ~~Otani~~ Tyechika
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

1 Photostat copy 2/14/42

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Jerome Ida

Filed 9/8 1920 E. D. Piper M.D.

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Carbon }

FEB

Certificate No. 83527

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Tsuyoski Otani (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 12, 1920 (DATE OF EVENT)
in Jerome (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Tsuyoski Otani	Tsuyoshi Otani
Sex	Female	Male
Father's Name	Kishi Lafuro Otani	Kichisaburo Otani
Mother's maiden name	Kishino Otani	Kishino Iyechika

Subscribed and sworn to before me this 4
day of February, 19 42.
B. H. Young County Clerk
~~Notary Public~~, residing at Price, Utah
My commission expires
(SEAL)

Signed Kichisaburo Otani
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Price, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Carbon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of February, 19 42.
B. H. Young, County Clerk
~~Notary Public~~, residing at Price, Utah
My commission expires
(SEAL)

Signed Kichisaburo Otani
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Price, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 9 19 42 By
(REGISTRAR'S SIGNATURE)

1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah) Certificate No. 83527
) ss SEP 11 1941
County of Carbon) Date Filed

The undersigned does solemnly swear that certain facts on the certificate

of (birth or death) for Tsuyoski Otawi (Name on original certificate) who was born (was born or died)

on Sept. 12, 1920 (Date of event) in Jerome, Idaho (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown

by (Bible record, insurance plcy.etc.) prepared on (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Sex	Female	Male
Name	Tsuyoski Otawi	Tsuyoshi Otawi
		(OTANI)

~~Subscribed and sworn~~ to before me this 8 day of Sept. 1941

Signed Geo Barras
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
Notary Public
Residing at Price, Utah

Price, Ut.
(Street address, City, State)

My commission expires Dec. 13, 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Utah)
) ss
County of Carbon)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Sept. 1941

Signed E. Aramaki
(Signature of any credible person other than the previous affiant.)

B. H. Young, County Clerk
~~Notary Public~~
Residing at Price, Utah

Box 30 Price, Utah
(Street address, City, State)

My commission expires
(SEAL)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-203-027-292

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

[redacted] 1—25m-6-15-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28

Primary Registration District No. 1017 2017

File No. 83528

Registered No. ____

Full Name of Child DOROTHY PEARL Holmes

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F	— (To be answered only in event of plural births)		—	Yes	Aug 23 1920

	FATHER	MOTHER
FULL NAME	John Holmes	FULL MAIDEN NAME Hilda Groonbee
RESIDENCE	Jerome Ida	Jerome Ida
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	46	41
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Homewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report ____ 19____

Filed Aug 28 1920 E. D. Piper M. D.

Registrar

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 83528

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Dorothy Pearle Holmes (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 3, 1920 (DATE OF EVENT)
in Jerome, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct. 3, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Holmes	Dorothy Pearl Holmes
birthdate	Sept. 4, 1920	Sept. 3, 1920

Subscribed and sworn to before me this 17th day of April, 1942.
Bernard D. Starr
Notary Public, residing at Buhl Idaho
My commission expires Nov. 8, 1943
(SEAL)

Signed Lydia Margaret Holmes
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Route 2, Buhl Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of April, 1942.
Bernard D. Starr
Notary Public, residing at Buhl, Idaho
My commission expires Nov. 8, 1943
(SEAL)

Signed Jessey C. Dale Holmes
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1604 West main Buhl Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By
(REGISTRAR'S SIGNATURE)

APR 24 1942

997-202-027-452

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 83529

Primary Registration District No. 1017 201 Registered No. ____

Full Name of Child Dorothy Elaine Riggs

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	Sept 2 1920

FATHER		MOTHER	
FULL NAME	Murel Riggs	FULL MAIDEN NAME	Georgia Messenger
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M. D.

(Physician or midwife)

Address Jerome Idaho

Filed 9/16 1920 E. D. Pyle M. D.

Registrar

Given names added from a supplemental report

....19....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the sum of each, in order of birth stated.

APR 2.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-116-027-285

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 2017 1017

File No. 83530

Registered No. .....

Full Name of Child Harvey Clark

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M			Aug. 16 1920

FATHER		MOTHER	
FULL NAME	George Clark	FULL MAIDEN NAME	Eva Shelton
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Jerome Idaho.

Filed 8-20 1920 E. D. Piper M.D.

Registrar

Registrar

OCT 31 1973

415-217-027-653

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 1017

File No. 83531

Registered No. .....

Full Name of Child Bess Mannon

SEX OF CHILD 7	Twin Triplet or other? and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Aug. 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Mannon	FULL MAIDEN NAME	Hattie Wells
RESIDENCE	Jerome Ida.	RESIDENCE	Jerome Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Tel.	BIRTHPLACE	Tel.
OCCUPATION	Musician	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Jerome Idaho

Filed 8-20 1920 E. D. Piper M. D.

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-117-027-664

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 83532

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD WALTER ERNEST TOWNSEND

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 17 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Addison Townsend	FULL MAIDEN NAME	Flora Lee Womack
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Pumper, Irrigation Plant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas A Zeller

Jerome, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Jerome Ida

Registrar

Filed ..... 19.. E. D. Piper M. D.
Registrar

9/18/20

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome

Certificate No. 83532
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Townsend (Name on original certificate) who was born (Was born or died) on August 17, 1920 (Date of event)
in Jerome, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on September 1, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Townsend	Walter Ernest Townsend

Subscribed and sworn to before me this 29th day of November, 1941
Samuel E. Vance Jr.
Notary Public, residing at Hazelton
My commission expires Feb. 2, 1943
[SEAL]

Signed Flora Lee Womack Townsend
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Parent
Hazelton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

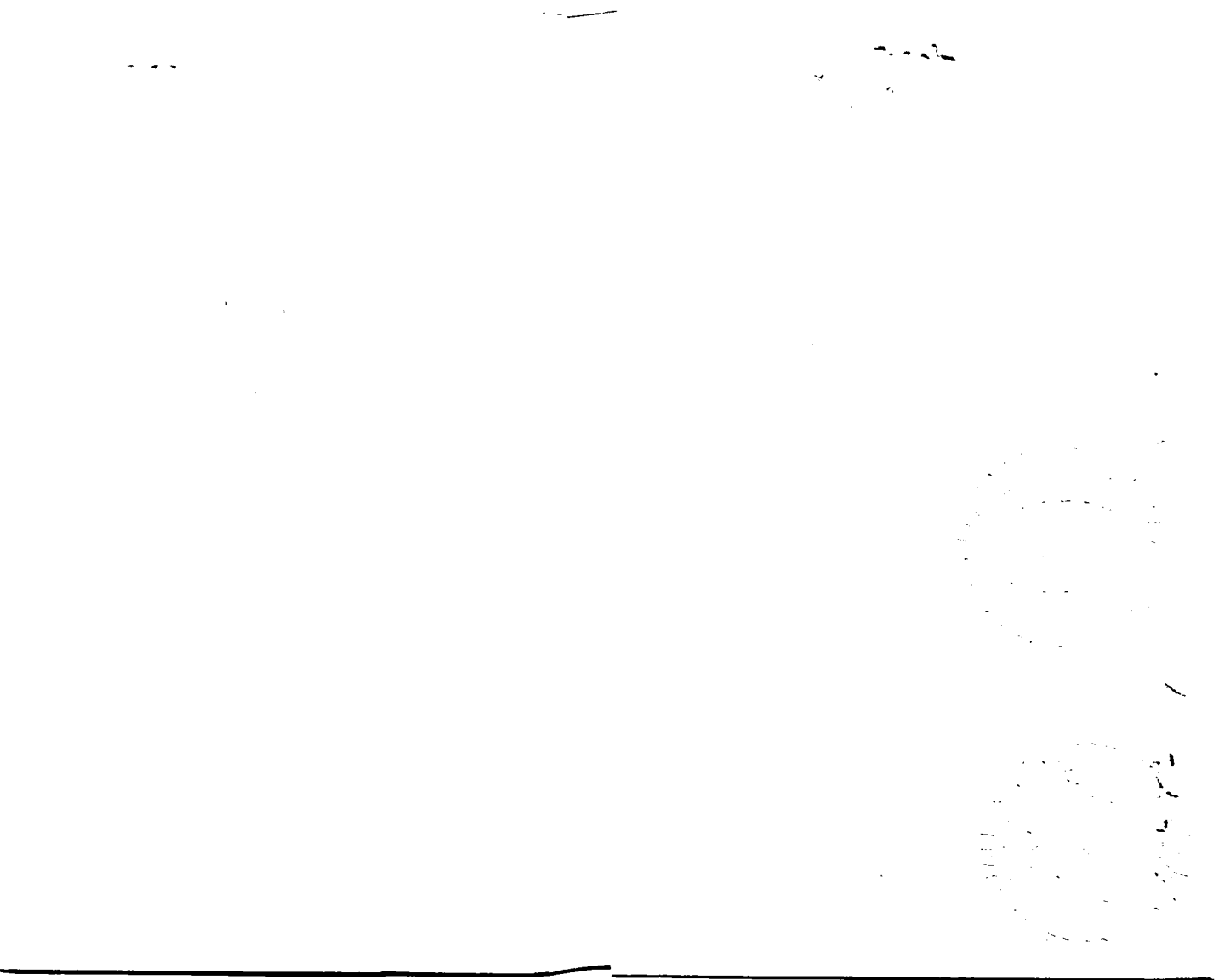
[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 19 41
Samuel E. Vance Jr.
Notary Public, residing at Hazelton
My commission expires Feb. 2, 1943
[SEAL]

Signed Walter Addison Townsend
(Signature of any credible person other than the previous affiant.)
Parent
Hazelton, Idaho.
(Street Address, City, State)

Received for filing on DEC 1 1941 By
(Registrar's signature)



238-219-027-464

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 File No. 83533

No. ..... St.

Primary Registration District No. 1017-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Schmidt.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Schmidt	FULL MAIDEN NAME	Elsie V. Moon.
RESIDENCE	Jerome.	RESIDENCE	Jerome.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Chas F Zeller.

Jerome Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Sept 18 1920 E. D. Piper M. D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1965

MAY 21 1969

234-224-027-855

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 83534

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Eleanor Elizabeth Blunt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 24 1920

FATHER	MOTHER
FULL NAME Merle Edward Blunt	FULL MAIDEN NAME Nellie Emily Hexsenbin
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M D

Jerome Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 8 1920

E. D. Piper M.D.
Registrar

JUN 4 1943

465-226-027-256

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH name added 9/25/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. 83535

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Enid Montague

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earling H. Montague	FULL MAIDEN NAME	Althea M. Snow
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	[illegible] AGE AT LAST BIRTHDAY 24 (Years)	COLOR	[illegible] AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 40 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M.D.

Jerome, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 8 1920 E. D. Piper M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-9-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 29 3 30 PM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Calif. } ss.
County of Butte }

Certificate No. 83535
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Montague (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 26, 1920 (Date of Event)

in Jerome (Jerome) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Enid Montague

Subscribed and sworn to before me this 21st day of August, 1979.

Notary Public, Janice G. Wolfe

Residing at Paradise

My commission expires June 3, 1980

Janice G. Wolfe
Signature of Applicant

Street Address, City, State

JANICE G. WOLFE
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN THE
COUNTY OF BUTTE
My Commission Expires June 3, 1980

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed __)
(Is not necessary X)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family group record for Earlin Harold Montague and Snow, Althea Mousley gives child's name as ~~Enid~~ Enid Snow Montague born Aug 26, 1920 at Jerome, Idaho. Baptized Nov 10, 1929. viewed by V. S.

SEP 25 1979

Insurance application to the Metropolitatn Life Ins.gives name as ~~Enid~~ Enid Hinman married. born Aug 26, 1920. dated Nov 1, 1960. viewedby V. S.

154-~~203~~-027-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 83536

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD VIRGINIA DEANE ANDERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Sept 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albin Merlin Anderson	FULL MAIDEN NAME	Delia A. Thompson
RESIDENCE	Denver, Colo.	RESIDENCE	Jerome, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Zeller M.D.

Jerome, Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 18 1920 E. D. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California
City or County of San Francisco } ss.

Certificate No. 83536

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Virginia Deane Anderson (Name on Original Certificate) who born (Was Born or Died) on September 2, 1920 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on October 3, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Virginia Deane Anderson
father's name	Alphin M. Anderson	Albin Merlin Anderson

Subscribed and sworn to before me this 2
day of April, 1942
Peter M. Williams
Notary Public, residing at San Francisco, Calif.
My commission expires July 22, 1945
(Seal)

Signed Delia A. Anderson (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1364 Hayes Street San Francisco, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

962-102-027-433

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 83537

Primary Registration District No. 1017 — 2017 Registered No. _____

FULL NAME OF CHILD Melvin E. Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 2 1920

FATHER	MOTHER
FULL NAME William A Robertson	FULL MAIDEN NAME Ella E. McCoy
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Fuller M.D.

Jerome, Ida.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Address _____

Filed Sept 18 1920

E. O. Pyper M.D.
Registrar

1/29/41 L. B.

234-203-027-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83538

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

Registration District No. 23 File No. .....

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes.	Sept 3 1920

FATHER	MOTHER
FULL NAME Edward A Stumph	FULL MAIDEN NAME Edith Mc Kain
RESIDENCE Jerome	RESIDENCE Jerome
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 49 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Kansas.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas A Zeller M. D.

Jerome, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 18 1920

E. D. Pyfer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1968

[redacted]

[redacted]

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. 319-210-027-815 St.

Registration District No. 23 File No. 83539

Primary Registration District No. 1017-2017 Registered No.

Hospital

FULL NAME OF CHILD Betty Lucille Carlton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Dexter Carlton	FULL MAIDEN NAME	Dora Handy
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 15 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Zeller M.D.

Jerome Ida (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Sept 18 1920

E. D. Piper M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jerome } ss.

Certificate No. 83539

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Carlton (Name on Original Certificate) who was born (Was Born or Died) on Sept. 10, 1920 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage Announcement (Bible Record, Insurance Policy, Etc.) prepared on December 25, 1941, are:
Albion State Normal Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) School record -June 1, 1940 Viewed by V. S.	TO (The Correct Facts)
Child's Name	Unnamed	Betty Lucille Carlton

Subscribed and sworn to before me this 19 day of December, 1956

Notary Public, residing at Jerome Idaho
My commission expires Nov 1-1958
(Seal)

Signed Fred D. Carlton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte 1 Jerome Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 1956

Notary Public, residing at Jerome Idaho
My commission expires Nov 1-1958
(Seal)

Signed Dora Carlton
(Signature of Any Credible Person)

Rte 1 Jerome Idaho
(Street Address, City, State)

JAN 4 1957

493-16-027-437

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 83540

Primary Registration District No. 1917-2017 Registered No. .....

FULL NAME OF CHILD Delmer Dale Nicholson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 11 1920

FATHER		MOTHER	
FULL NAME	J. Warner Nicholson	FULL MAIDEN NAME	Anna Jean McGill
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Chas A. Fuller M.D.

Jerome, Ida.

(Physician or midwife)

..... 19.....

Registrar

Address .....

Filed Sept 18 1920

E. D. Peterson M.D.

Registrar

AUG 13 1942

Amended 5-[illegible]

PLACE OF BIRTH

962-230-027-462

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 83542

Primary Registration District No. 1017 Registered No. ____

FULL NAME OF CHILD Lucille G. Robey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Sept. 30, 1920

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: William Robey	FULL MAIDEN NAME: Anna May Dobkins
RESIDENCE: Jerome, Ida.	RESIDENCE: Jerome, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P.M. on the date above stated.

(Signature) E. D. Piper, M.D.

(Physician or midwife)

Address Jerome, Ida.

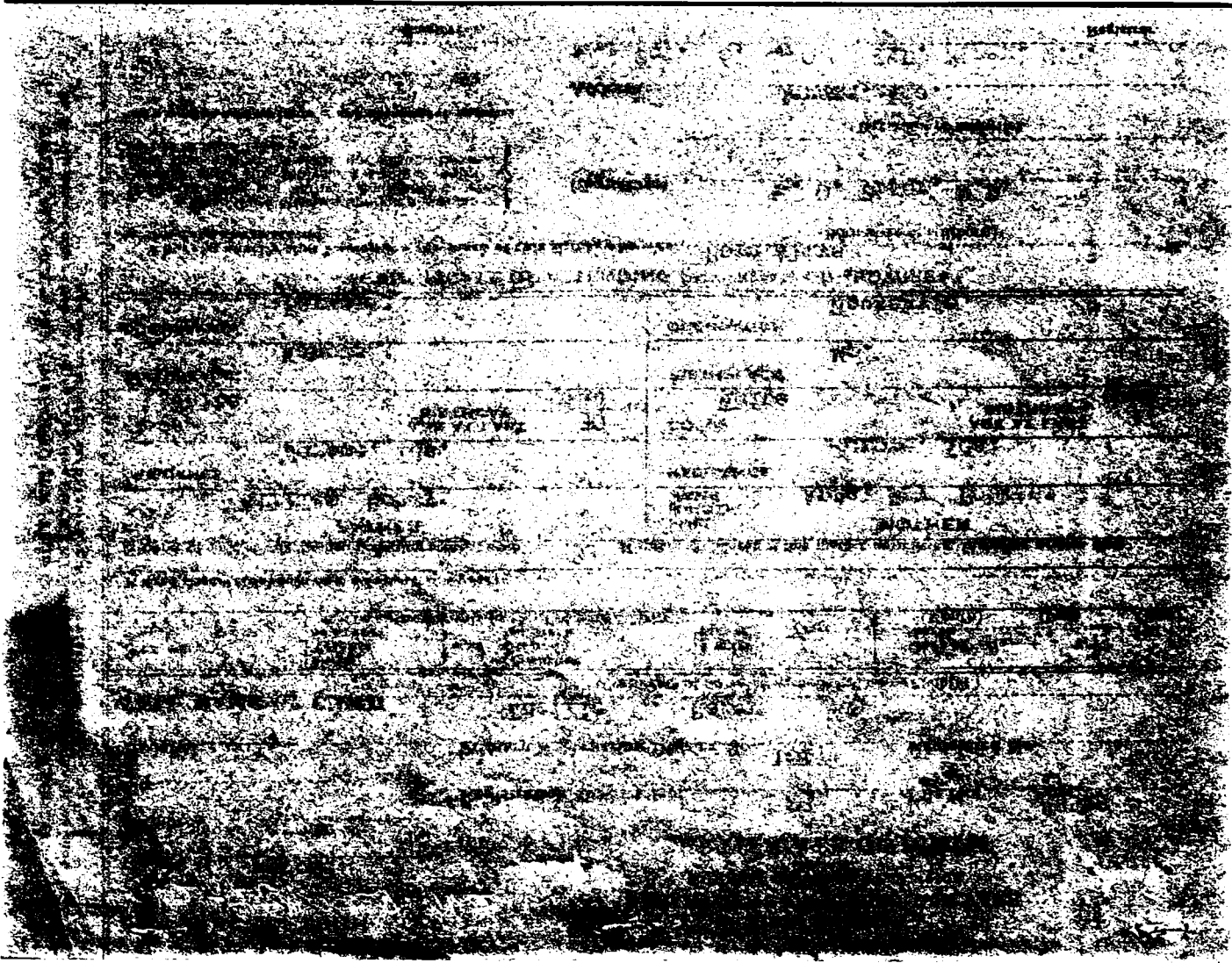
Filed Oct. 6, 1920 E.D. Piper, M.D.
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 83542

Date Filed

County of ..... } ss.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Roby (Name on Original Certificate) who born (Was Born or Died) on Sept. 28, 1920 (Date of Event) in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lucille G. Robey
Child's Date of Birth	Sept. 28, 1920	Sept. 30, 1920
Full Name of Father	William Roby	William Robey
Full Name of Mother	Orma Dobkins	Anna May Dobkins

Subscribed and sworn to before me this 15th day of July, 1960

[signature]

Notary Public, residing at Hazelton, Idaho

My commission expires Feb 3, 1962

(Seal)

Signed Margaret Holmhorst
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1, Box 49 - Hazelton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of July, 1960

[signature]

Notary Public, residing at Hazelton, Idaho

My commission expires Feb 3, 1962

(Seal)

Signed Lela Phillips
(Signature of Any Credible Person)

490 N. Buchanan
(Street Address, City, State)
Jerome Ida

FORM DPH 55.155

CL 6-27-60. ~~one~~ 2 copies copy pd. receipt #03901.

Photostat Copy of Page from Family Record, page listed as Births, gives child full name as Lucille Gertrude Robey, born Sept. 30, 1920 - unaltered and appears old. - viewed by V.S.

Statement from Walter V. Olds, Superintendent of the Joint Class A School District No. 261, Jerome, Idaho states "Records on file in the Office of the Superintendent of Schools, Jerome, Idaho, record Lucille G. Robey, born September 30, 1920; entered Jerome High School, Sept. 9, 1935; graduated May 20, 1938." - viewed by V.S.

Mother's Death Cert. on file: #94756 gives full name as Anna May Robey, born March 8, 1898 in Mo. to A.E. Dobkins and Sarah Walton, died Aug. 25, 1935 - husbands name is given as William Robey - viewed by V.S.

Father's Death Cert. on file:#100904 gives full name as William Robey, born Oct. 4, 1890 in Oklahoma to Jess Robey, mother's name unknown, died Nov. 7, 1936 - wife's name is given as Anna Robey - viewed by V.S.

Marriage License and Certificate, State of Oklahoma, Sept. 21, 1913 at Prague, Oklahoma gives full name of groom as William Roby and full maiden name of bride as Anna Dobkins - viewed by V.S. /married

Social Security Application, Sept. 13, 1937, #518-10-1526 gives full name as Lucille Gertrude Robey, born Sept. 30, 1920 at Jerome, Idaho to William Robey and Anna May Dobkins - viewed by V.S.

391-205-028-165

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83543

County of Fremont

City of Harrison

Registration District No. 126

File No. 4

No. ..... St.

Primary Registration District No. 2204

Registered No. 95

Hospital Lakeview

FULL NAME OF CHILD Blanch Mae Crabtree

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 5 1920

FATHER		MOTHER	
FULL NAME	Ross C Crabtree	FULL MAIDEN NAME	Andrea Jones
RESIDENCE	Springston Ida	RESIDENCE	Springston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Neb	BIRTHPLACE	Utah
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sept 5-20, at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Tinney

M D

(Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida

..... 19

Filed 10-1 1920 J M Tinney

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 17 1973

132-201-028-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 83544

No. ..... St.

Primary Registration District No. 1051. 2051 Registered No. 35

Hospital .....

FULL NAME OF CHILD Dorothy Mae Albert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Septbr. 1. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Albert	FULL MAIDEN NAME	Celia A. Woolsey
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida.

Filed Oct. 1. 1920. Frank Wenz

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

629-203-028-419

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 83545

No. ..... St.

Primary Registration District No. 1051-2051 Registered No. 36

Hospital .....

FULL NAME OF CHILD Jennie Louisa O'Brien

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Septbr. 3, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William O'Brien	FULL MAIDEN NAME	Mary Marks
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pa	BIRTHPLACE	Minn
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rathdrum Ida.

Filed Oct. 1. 1920. Frank Wenz
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1955

239-104-028-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83546

County of Kootenai

City of

Registration District No. 30 File No.

No. St.

Primary Registration District No. 1051. 2051 Registered No. 37

Hospital

FULL NAME OF CHILD John Streeter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 4. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Streeter	FULL MAIDEN NAME	Emma Brown
RESIDENCE	Belmont, Idaho	RESIDENCE	Belmont, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.00 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Streeter

father (Physician or midwife)

Given names added from a supplemental report.

19

Address Belmont, Idaho.

Registrar

Filed 10/1 1920 Frank Wenz Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-24621O

NAME
CHANGE

not

Use only BLACK INK or BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

319-21-4-28-689

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83547
Local Reg. No.
Reg. Dist. No. 30

Amended 10/14/76

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Kootenai	a. STATE: Idaho b. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Post Falls - Iola RFD
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Ina	May	Taisey

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	September 14, 1920

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Paul	W.	Taisey

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
34 YEARS	Mich.	Lumberman	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Irene	J.	White

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
29 YEARS	Mont.	5		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
Frank Wenz	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Rathdrum, Idaho	20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 10/1/20	22. REGISTRAR'S SIGNATURE: Frank Wenz
	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY	WEIGHT AT BIRTH	Time: 2 PM
____ WEEKS	____ LBS ____ OZS.	
RACE OR COLOR OF FATHER: White	RACE OR COLOR OF MOTHER: White	Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:		

BIRTH INJURY TO INFANT	CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE	____ YES IF YES, DESCRIBE
____ NO	____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 30 10 35 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 63547

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lora May Taisey (Name on Original Certificate) who was born (Was Born or Died) on Sept 14, 1920 (Date of Event)
in Post Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Lora May Taisey	Ina May Taisey

Subscribed and sworn to before me this 19th day of September, 1976.

Notary Public, residing at Spokane

My commission expires 9-25-78

(Seal)

Signed Ina May Taisey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of September, 1976.

Notary Public, residing at Spokane

My commission expires 9-25-78

(Seal)

Signed Walter L. Taisey
(Signature of Any Credible Person)

12524 E 26th Spokane Wash.
(Street Address, City, State)

FORM DH 60-155

CL 4/8/76 nm

Diploma from St. Maries High school , St. Maries, Idaho. gives name as Ina Mae Taisey dated May 26, 1938 viewed by V S

Marraige license and Certificate from Idaho gives names as Everet R. Swope and Ina M. Taisey. dated Oct 22, 1938. viewed by V. S

453-214-028-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 83548

No. 1023 - 7th St.

Primary Registration District No. 1057 Registered No. 813

Hospital Tanner's Res.

FULL NAME OF CHILD Martha ~~Robert~~ Delyea

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. (Month) 14 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Sanford J. Delyea,	FULL MAIDEN NAME Agot A. Pettersen
RESIDENCE 902 Young, Coeur d'Alene, Ida	RESIDENCE 902 Young, Coeur d'Alene, Ida.
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Roquet, Minnesota	BIRTHPLACE Minneapolis, Minnesota
OCCUPATION Labor	OCCUPATION Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Per [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene, Ida.

Filed Oct 4 1920 D D Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-6-1941. dp

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-114-028-962

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 83549

Primary Registration District No. 2057 Registered No. 808

FULL NAME OF CHILD Earl Leroy Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Aug 14 1920

	FATHER	MOTHER
FULL NAME	Elmer E. Howard	FULL MAIDEN NAME Ester Robinson
RESIDENCE	Post Falls	Post Falls
COLOR	white	white
AGE AT LAST BIRTHDAY	28 (Years)	19 (Years)
BIRTHPLACE	Ashland, Nebr.	Malad, Idaho
OCCUPATION	Saw mill, laborer	House-Keeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) F. L. McCauley

(Physician or midwife)

Address Post Falls Idaho

Filed Oct 1 1920 D D Drenna

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

5/23/41 L. P.

314-207-028-313

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH Child's name added 05-08-06 ns

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. R.F.D. # 2 St.

Hospital

Registration District No. 30

File No. 83550

Primary Registration District No. 1051

Registered No. 785

FULL NAME OF CHILD Agnes Marie Campbell

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Aug 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Campbell	FULL MAIDEN NAME	Blanche Collett
RESIDENCE	Coeur d'Alene, Ida. Rural	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	N. Dakota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood

Lic (Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene Ida

19

Filed Oct 4, 1920 D D Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
2006 MAY -8 AM 10: 36
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 20-83550

Date Filed October 4, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for baby girl Campbell (Name on Original Certificate) who was born (Was Born, Died, etc.) on August 7, 1920 (Date of Event)

in Coeur d'Alene (Kootenai Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Agnes Marie Campbell

Subscribed and sworn to before me this 3rd day of May, 2006

Notary Public, Robyn M Joyner

Residing at 702 Belmont Rd, Grand Forks, ND 58201

My commission expires July 20, 2011

(Seal)

ROBYN M. JOYNER
NOTARY PUBLIC
STATE OF NORTH DAKOTA
My Commission Expires: July 20, 2011

Signature of Applicant: Agnes Marie Stanigewska

6085 5th Ave NW
East Grand Forks, MN 56721
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of _____ } SS
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

04-28-06

ND BC 56-7986 FOR MARIE FRANCES STANISZEWSKI BORN 06-16-56 IN WALSH (GRAFTON) COUNTY SHOWING MOTHER'S NAME AS AGNES MARIE CAMPBELL VIEWED BY VS

MED RECORD FOR AGNES M STANISZEWSKI BORN 08-~~08~~-20 DATED 05-27-95 VIEWED BY VS

513-228-028-795

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida

Registration District No. 30

File No. 83551

No. 110 C Da St.

Primary Registration District No. 1051

Registered No. 786

Hospital

FULL NAME OF CHILD PHYLLIS ANN EATON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Aug 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Eaton	FULL MAIDEN NAME	Gladys Gregor
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Denver Col.	BIRTHPLACE	N. Dakota
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood
M.D. Jr.
(Physician or midwife)

Given names added from a supplemental report.

Address Coeur d'Alene Ida

19

Filed Oct 4 1920 D. D. Drennan
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 83551

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Phyllis Ann Eaton (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 28, 1920 (DATE OF EVENT) in Coeur d'Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by State records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Phyllis Ann Eaton
Phyllis Ann Eaton		

Subscribed and sworn to before me this 12th day of April 19 43

Notary Public, residing at Dishman, Wash.

My commission expires Oct. 24, 1944 (SEAL)

Signed Gladys J. Eaton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R. #8, Spokane, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires (SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 16 1949

331-210-028-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. R.F.D. St.

Hospital

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 83552

Primary Registration District No. 1051 Registered No. 787

FULL NAME OF CHILD Clara Leona Clark

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 10 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl C Clark	Eva Swann
RESIDENCE	Coeur d Alene	Coeur d Alene
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Neb.	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M.D.

(Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 4 1920 D D Drennan

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS OCT 10 4 11 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 83552

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Clara C. Clark (Name on Original Certificate) who was born (Was Born or Died) on September 10, 1920 (Date of Event)
in Coeur d'Alene (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Clara C. Clark	Clara Leona Clark

Subscribed and sworn to before me this 21st day of September, 1972.

Glenda Mae Harrison
Notary Public, residing at Boise, Idaho
My commission expires Sept 15, 1976
(Seal)

X Signed Mrs. Carl D. Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

*6420 Primrose, Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

9 21 72

OCT 24 1972

Post Falls High School, Post Falls, Idaho High School Diploma gives name as Clara Leona Clark. Dated May 1938. Viewed by V. S.

Own child's birth certificate on file Idaho #53-6115 gives mother's name as Clara Leona Clark. Viewed by VS

623-209-028-867

PLACE OF BIRTH AMENDED JULY 22, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____ St.

Registration District No. 30 File No. 83553

Hospital ____ Primary Registration District No. 1051 Registered No. 788

FULL NAME OF CHILD Dorothy Anne Osterberg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 9, 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: John Eric Osterberg	FULL MAIDEN NAME: Gotilda Dorothy Hogberg
RESIDENCE: Coeur d'Alene	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Mill Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drannan
M.D.
(Physician or midwife)

Address Coeur d'Alene, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Oct. 4, 1920 D. D. Drannan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai }

Certificate No. 83553

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Annie Osterberg (Name on Original Certificate) who was born (Was Born or Died) on September 9, 1920 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Cert. (Bible Record, Insurance Policy, Etc.) prepared on Sept 7, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Annie Osterberg	Dorothy Anne Osterberg

Subscribed and sworn to before me this 29th day of June, 19 54

Margaret Kelly
Notary Public, residing at Coeur d'Alene, Idaho
My commission expires 1-1-57
(Seal)

Signed John E. Osterberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

716 S. 11th St, Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of June, 19 54

Margaret Kelly
Notary Public, residing at Coeur d'Alene, Idaho
My commission expires 1-1-57
(Seal)

Signed Cecil Kelly Jr
(Signature of Any Credible Person)

924 Sherman Ave., Coeur d'Alene, Idaho
(Street Address, City, State)

DPH 52-155

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. ~~125381~~ 83553

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Sept. 9, 1920 (Date of Event)
in Coeur d'Alene (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Annie Osterberg
Father's name	John	John Eric Osterberg
Mother's name	Dorthy	Gotilda Dorothy Hogberg

Subscribed and sworn to before me this 10th
day of June, 1943.

Signed Eric G. Osterberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Probate Judge and Ex-officio Clerk of the Probate Court

My commission expires
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

JUN 24 1943

JUN 16

JUL 12 1950

364-220-028-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rim 6-6-17

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 83554

Primary Registration District No. 2057 Registered No. 790

FULL NAME OF CHILD Mary Alice Townsley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	Sept 20 1920

FATHER		MOTHER	
FULL NAME	John L. Townsley	FULL MAIDEN NAME	Goldie E. Foot
RESIDENCE	Post Falls R.F.D.	RESIDENCE	Post Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Spokane Bridge	BIRTHPLACE	Spokane Bridge
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 9 / Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M. D.
(Physician or midwife)

Address Coeur d'Alene Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 4 1920

D. D. Drennan
Registrar

SEP 17 1941

693-230-028-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida. Registration District No. 30 File No. 83555

No. ..... St. Primary Registration District No. 1051 Registered No. 791

Hospital .....

FULL NAME OF CHILD Irene Vera Wicht

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Aug 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Wicht	FULL MAIDEN NAME	Mattie Walker
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Kansas
OCCUPATION	Lumber Checker	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood

Hw.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Ida.

Filed Oct 4 1920 D D Drennan
Registrar

MARGIN RESERVED FOR

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 10 1942

DECEASED

753-103-028-617

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida Registration District No. 30 File No. 83556

No. ..... St. Primary Registration District No. 1031 Registered No. 792

Hospital .....

FULL NAME OF CHILD George Robert Peters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 3 1920

FATHER	MOTHER
FULL NAME: George A. Peters	FULL MAIDEN NAME: Glenn Waggner
RESIDENCE: Post Falls, Ida. R#2	RESIDENCE: Post Falls, Ida. R#2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY ..... (Years): 26	AGE AT LAST BIRTHDAY ..... (Years): 24
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... 1 ..... Number of children of this mother now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d'Alene Ida

Filed Oct 4 1920

D. D. Drennan
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793 – 115
028 – 386

PLACE OF [redacted] U. S. No. 11-C—20m-6-17

County of Kootenai

City of Coeur d Alene Registration Dis[redacted] File No. 83557

No. ..... St. Primary Registration District No. 1057 Registered No. 793

Hospital .....

FULL NAME OF CHILD James A. Gibson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Sept 15 1920

	FATHER	MOTHER
FULL NAME	Burton Gibson	FULL MAIDEN NAME Blanch Thornton
RESIDENCE	Coeur d Alene	RESIDENCE Coeur d Alene.
COLOR	White	AGE AT LAST BIRTHDAY (Years) 39
COLOR	White	AGE AT LAST BIRTHDAY (Years) 35
BIRTHPLACE	England.	BIRTHPLACE Mich.
OCCUPATION	Insurance writer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 39 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M. D.
(Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

.....19.....

..... Registrar

Filed Oct. 7 1920 D D Drennan Registrar

JAN 21 19

MAR 27 1953

JAN 16 1958

392-106-028-629

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 83558

No. ..... St.

Primary Registration District No. 1051 Registered No. 794

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ ROBERT Allard Liberty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Napoleon F. Liberty	FULL MAIDEN NAME	Leafa Osier
RESIDENCE	305 Dollar St. Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mich.	BIRTHPLACE	Wisc.
OCCUPATION	Mechanic.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Pr. I.R.H.
Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida.

Filed Oct 4 1920 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 8 1949

534-130-028-619

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83559

County of Kootenai

City of Coeur d'Alene. Registration District No. 30 File No.

No. St.

Primary Registration District No. 1051 Registered No. 795

Hospital

FULL NAME OF CHILD Dean Melvin Elder

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 30, 1920

FATHER

FULL NAME Paul M. Elder

RESIDENCE Spirit Lake, Ida.

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Wisc.

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Sadie E. Farrell

RESIDENCE Spirit Lake, Idaho.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mont.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer. Per M.D.
Physician.
(Physician or midwife)

Address Coeur d'Alene Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Oct-4 1920 DD Drenna
Registrar

JUN 2 9 1942

386-220-028-253

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 File No. 83560

Primary Registration District No. 2051 Registered No. 789

FULL NAME OF CHILD Betty Jean Lyon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 - 20 1920

FATHER		MOTHER	
FULL NAME	James Henry Lyon	FULL MAIDEN NAME	Ida Elmira Betty
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Toledo Wash	BIRTHPLACE	Toledo, Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida

Filed Oct 4 1920 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1955

145-202-028-459

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 83562

Primary Registration District No. 1051 Registered No. 797

FULL NAME OF CHILD Francis Marie Ansell

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Sept. 2 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oliver L. Ansell	FULL MAIDEN NAME	Clara B. Desmore
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wisc.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

(Signature) J. C. Dwyer. M.D.

Physician (Physician or midwife)

Address Coeur d'Alene, Ida.

Filed Oct 4 1920 D D Drennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

355-222-028-817

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Kootenai

City of Coeurd Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 83563

Primary Registration District No. 1051 Registered No. 798

FULL NAME OF CHILD Marjorie May Tendall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug. (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lars O. Tendall	FULL MAIDEN NAME	Matilda D. Hage
RESIDENCE	Coeurd 'Alene, Ida	RESIDENCE	Coeurd 'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	merchant.	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Per I.R.H.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeurd 'Alene, Idaho

Filed Oct 4 1920 D D Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1944

749-123-028-289

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 83564

No. ..... St.

Primary Registration District No. 1051 Registered No. 799

Hospital .....

FULL NAME OF CHILD William Edward ~~Guimmond~~ Guimond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) ~~22~~ 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William J Guimmond Guimond	FULL MAIDEN NAME	Lola Estella Shields
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Minn.
OCCUPATION	Steam fitter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Per FRH

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida

Filed Oct 4 1920 D D Drenna Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 83564

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Edward Guimond (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1920 (Date of Event)
in Coeur d'Alene, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) and my recollection prepared on August 3, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	William Edward Guimmond	William Edward Guimond
Birth Date	July 22, 1920	July 23, 1920
Fathers Name	William J. Guimmond	William J. Guimond

Subscribed and sworn to before me this 28th day of January, 19 44.

Notary Public, residing at Coeur d'Alene, Ida.

My commission expires July 29, 1946
(Seal)

Signed Lola E Guimond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 19 44.

Notary Public, residing at Coeur d'Alene, Ida.

My commission expires July 29, 1946
(Seal)

Signed Claude W Hodge
(Signature of Any Credible Person Other Than Previous Year)

P.O. Clerk Coeur d'Alene Ida
(Street Address, City, State)

FEB 24 1944

FEB 1 1944

JUL 18 1950

MAY 21 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

216-220-028-712

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida. Registration District No. 30 File No. 83565

No. ..... St. Primary Registration District No. 1051 Registered No. 800

Hospital .....

FULL NAME OF CHILD Anna Marie Sawyer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Aug 20 1920

FATHER		MOTHER	
FULL NAME	Dorsey H. Sawyer	FULL MAIDEN NAME	Fanny Paesmore
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	Blacksmith	OCCUPATION	Nurse wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. John T. Morgan

(Physician or midwife)

Address Coeur d'Alene Ida

Filed Oct 4 1920

D. D. Dressler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-229-028-696

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene, Registration District No. 30 File No. 83566

No. ..... St. Primary Registration District No. 1051. Registered No. 801

Hospital .....

FULL NAME OF CHILD Mary M. McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 29 '20

FATHER		MOTHER	
FULL NAME	Wm McBride	FULL MAIDEN NAME	Cora Wood
RESIDENCE	Coeur d Alene.	RESIDENCE	Coeur d Alene,
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Wyo.	BIRTHPLACE	Wis.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 2 .. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:30a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M. D.
(Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

.....19.....

Filed Oct 4 1920 D. D. Drennan
Registrar

.....
Registrar

715-229-028-795

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

County of Kootenia

City of Coeur d Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 File No. 83567

Primary Registration District No. 1051 Registered No. 802

FULL NAME OF CHILD Olive Louise Gano

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto A. Gano	FULL MAIDEN NAME	Helen B Green
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Wis
OCCUPATION	Rail R. Macanic	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d Alene Ida

Filed Oct 4 1920 D D Drennan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

433-232-028-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls — Registration District No. 30 — File No. 83569

No. ____ St. — Primary Registration District No. 2051 — Registered No. 804

Hospital ____

FULL NAME OF CHILD Mary Inagene McCormick

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 22, 1920

FATHER	MOTHER
FULL NAME: Ferrell R. McCormick	FULL MAIDEN NAME: Lillian V. Mann
RESIDENCE: Post Falls	RESIDENCE: Post Falls
COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Wis
OCCUPATION: Florist	OCCUPATION: House-keeper

Number of child of this mother, including present birth: Four — Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8.30 P.M. on the date above stated.

(Signature) F. L. McCauley M.D.

(Physician or midwife)

Address Post Falls, Idaho.

Filed Dec 4 1920 D D Dreman
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

493-122-028-296

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

File No. 83570

No. ..... St.

Primary Registration District No. 2051

Registered No. 805

Hospital .....

FULL NAME OF CHILD Marshall Benyaman Millsaps

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Sept 22 1920

FATHER		MOTHER	
FULL NAME	John H. Millsaps	FULL MAIDEN NAME	Mary Brookshire
RESIDENCE	Spokane bridge	RESIDENCE	Spokane bridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Arkansas	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	House-keeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Post Falls, Idaho

Filed Oct 4 1920 D D Drenna

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1948

231-130-028-343

PLACE OF BIRTH

County of Kootenai

City of Post Falls.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 83571

No. ..... St.

Primary Registration District No. 2051 Registered No. 806

Hospital .....

FULL NAME OF CHILD Winfred Wayne Staples

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	-	-	yes	Aug 30 1920

FATHER		MOTHER	
FULL NAME	W. C. Staples	FULL MAIDEN NAME	Annis Tuttle
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR		COLOR	
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mo
OCCUPATION	Farming	OCCUPATION	House Keeper

Number of child of this mother, including present birth Fifth Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) F. L. McCauley

Post Falls Idaho
(Physician or midwife)

Address .....

Filed Oct 4 1920 D. D. Drennan
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-226-028-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls.

Registration District No. 30 File No. 83572

No. ____ St.

Primary Registration District No. 2051 Registered No. 807

Hospital ____

FULL NAME OF CHILD Ruth Lorraine Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 26 1920

	FATHER	MOTHER
FULL NAME	Ralph Fisher	FULL MAIDEN NAME Dee R. Brookshire
RESIDENCE	Spokane-bridge Wn.	RESIDENCE Spokane-bridge Wash
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE Tenn
OCCUPATION	Farmer	OCCUPATION House Keeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) F L McCauley

Post Falls Ida

(Physician or midwife)

Address ____

Filed Oct 7 1920 D D Drennan

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 2 0 1944

743-113-028-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 83573

No. ..... St.

Primary Registration District No. 105-1 Registered No. 809

Hospital .....

FULL NAME OF CHILD Russell McNelly Gullickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept. 13 1920

FATHER		MOTHER	
FULL NAME	Bert C. Gullickson	FULL MAIDEN NAME	Dorothy Ethel Collins
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bode, Iowa.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:32 P. M. on the date above stated.

(Signature) J. C. Dwyer M.D.

(Physician or midwife)

Address Coeur d'Alene Idaho

Filed Oct 4 1920 DD Drennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

OCT 18 1950

MAY 2 [illegible] 1953

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

City of Coeur d'Alene Registration District No. 30 File No. 83574

No. ..... St.

Primary Registration District No. 1031 Registered No. 810

Hospital .....

FULL NAME OF CHILD John James Sharples

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept. 20 1920

FATHER

FULL NAME Richard Sharples

RESIDENCE Coeur d'Alene, Ida.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Eng.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Rowena Davis

RESIDENCE Coeur d'Alene, Ida.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Eng

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician (Physician or midwife)

Address [redacted]

Given names added from a supplemental report.

..... 19.....

Registrar

Filed [redacted]

449-116-028-114

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeurd Alene

Registration District No. 30 File No. 83575

No. ..... St.

Primary Registration District No. 1051 Registered No. 811

Hospital .....

FULL NAME OF CHILD Donald James Durdy.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clyde C. Durdy	FULL MAIDEN NAME	Viola J. James
RESIDENCE	Coeurd Alene, Ida	RESIDENCE	Coeurd Alene, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Mich.
OCCUPATION	Lumber grader	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 9. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer D.P.H.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeurd Alene, Idaho.

Filed Oct 4 1920 D D Drenna
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1954

814-118-028-864

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 83576

No. ..... St.

Primary Registration District No. 1051 Registered No. 812

Hospital .....

FULL NAME OF CHILD Phillip Hamilton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George A. Hamilton	FULL MAIDEN NAME	Grace C. Young
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mich.	BIRTHPLACE	Minn.
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Per I.R.H.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene, Idaho

Filed Oct 4 1920 D D Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-222-028-439

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 83577

No. ..... St.

Primary Registration District No. 1051 Registered No. 814

Hospital .....

FULL NAME OF CHILD Genevieve Margaret Hanson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	June 27 1920

FATHER		MOTHER	
FULL NAME	Ole Hanson	FULL MAIDEN NAME	Jennie Ulrichsen
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.
(Physician or midwife)

Address Coeur d'Alene Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 4 1920 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 16 1917

239-12
029-2[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [redacted]

City of [redacted] Registration District No. 61 File No. 85578

No. ..... St.

Primary Registration District No. 2141 Registered No. 287

Hospital .....

FULL NAME OF CHILD Eugene Klinesmith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 29 (Day) 19[illegible] (Year)

FATHER		MOTHER	
FULL NAME	William Klinesmith	FULL MAIDEN NAME	Katherine Shallenberg
RESIDENCE	Viola	RESIDENCE	Viola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura Shallenberg

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 30 1920 W. H. Carothers Registrar

Registrar

B-Y CO. 20174

[redacted]

635-123-029-633

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

County of [redacted]

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61

File No. 83580

Primary Registration District No. 2141

Registered No. 293

FULL NAME OF CHILD John David Fleener

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	Aug 23 1920

	FATHER		MOTHER
FULL NAME	Ansel Fleener	FULL MAIDEN NAME	Dora Otter
RESIDENCE	Moscow Ida	RESIDENCE	Moscow Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash.	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Allen D.O. D.P.H.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow Ida.

Filed Sept 30 1920 W. H. Carothers

Registrar

Registrar

DEC 18 1941
1942
NOV 28 1942

419-124-029-942

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow R F D

No. ..... St.

Hospital .....

Registration District No. 61 File No. 83581

Primary Registration District No. 2141 Registered No. 294

FULL NAME OF CHILD Gordon Wayne Marcy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 24 1920

FATHER		MOTHER	
FULL NAME	Leon H. Marcy	FULL MAIDEN NAME	Clara Belle Russell Marcy
RESIDENCE	Six Miles E. of Moscow Idaho	RESIDENCE	Six Miles East of Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Michigan	BIRTHPLACE	Near Moscow Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M. D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed Sept 30 1920 W. H. Carithers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

684-122-029-533

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

83582

County of Latah

City of Deary R1 Registration District No. 2147 File No. 3

No. ..... St. Primary Registration District No. 67 Registered No. 45

Hospital .....

FULL NAME OF CHILD David Bert Ohms

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Aug. 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David C. Ohms	FULL MAIDEN NAME	Blanche Elliott
RESIDENCE	Deary R.1	RESIDENCE	Deary R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:15 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Torlga Olson
midwife
(Physician or midwife)

Given names added from a supplemental report.

10-2 1920 Address Deary R.1

R. C. Faust Registrar Filed 10/2 1920 R. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Nov. 15, 1940. L.W.

962 - 108 - 029 - 412

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 83583

Primary Registration District No. 1021 Registered No. 289

FULL NAME OF CHILD Richard Mark Rosgen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 8 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Rosgen	Lena Moser
RESIDENCE	Colton, Wash.	Colton, Wash.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Washington	N. Dakota
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Clark M.D.

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 30 1920 W. H. Saunders Registrar

OCT 2 8 1945

418-220-028-742

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83584

County of Latah

City of Moscow Registration District No. 61 File No.

No. 719 Mabelle St.

Hospital Inland Empire Primary Registration District No. 1011 Registered No. 294

FULL NAME OF CHILD Gladys Adeline Dahl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.				Yes	Sept. 20 1920

FATHER		MOTHER	
FULL NAME	August Peter Dahl	FULL MAIDEN NAME	Clara Almina Gubrud
RESIDENCE	719 Mabelle St	RESIDENCE	719 Mabelle St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

(Signature) Virgil M. Gilchrist

Physician

(Physician or Midwife)

Address Moscow Ida.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Sept 26 1920 W. H. Loarithers

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 9 1967

314-121-029-693

PLACE OF BIRTH

Form V. S. No. [illegible]—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Moscow

No. 315 S. Asbury St.

Registration District No. 61 File No. 83585

Hospital

Primary Registration District No. 1011 Registered No. 292

FULL NAME OF CHILD Charles Lee Campbell

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single (To be answered only in event of plural births)		Yes	Sept. 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nathaniel Eugene Campbell	FULL MAIDEN NAME	Clara E. Wilson
RESIDENCE	Moscow Id.	RESIDENCE	Moscow Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] Sept 21st 1920 at 4:30 A.M., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Stevenson

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow Id.

Filed Sept 29 1920 W. H. Carothers

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

OCCUPATION	OCCUPATION
BIRTHPLACE	BIRTHPLACE
COLOR	COLOR
RESIDENCE	RESIDENCE
	WOTHER

CERTIFICATE OF BIRTH

855-116-029-168

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 284 E. Mabelle St.

Registration District No. 61 File No. 83586

Primary Registration District No. 1011 Registered No. 290

Hospital .....

FULL NAME OF CHILD Clarence Leonard Hendrickson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 16 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto L. Hendrickson	Edna Mabelle Johnson
RESIDENCE	284 E. Mabelle	Same
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	23 (Years)
BIRTHPLACE	U S A.	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

..... M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Sept 30 1920 N. H. Boettcher Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1942

793-101-029-249 •

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow — Registration District No. 101 — File No. 83587

No. 703 S Adams St.

Primary Registration District No. 1011 — Registered No. 288

Hospital

FULL NAME OF CHILD DeMoine Wallace Gilchrist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 1 1920

FATHER	MOTHER
FULL NAME DeMoine Wallace Gilchrist	FULL MAIDEN NAME Ora Andrews Smith
RESIDENCE Moscow Idaho	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Adair Co. Iowa	BIRTHPLACE Latah Co. Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Virgil M. Gilchrist

Physician

(Physician or midwife)

Address Moscow Idaho

Filed Sept 30 1920 — N. H. Carothers

Registrar

NOV 1 1965

216-114-029-268

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 83588

No. ..... St.

Primary Registration District No. 2142

Registered No. 11

Hospital .....

FULL NAME OF CHILD Richard Shirley Sampson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	9 (Month) 14 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Virgil Sampson	FULL MAIDEN NAME	Christine Kohldorf
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehere

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-14 1920 W H Ehere

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

459-221-029-234

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Genesee

City of Latah

No. ..... St.

Hospital .....

Registration District No. 62

File No. 83589

Primary Registration District No. 2142

Registered No. 13

FULL NAME OF CHILD Bernice Elizabeth Mervyn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	9-21-1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W H Mervyn	FULL MAIDEN NAME	Ella Stuckson
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Gray Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehrem

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-21 1920 W H Ehrem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 6 1972

DECEASED

412-206-029-239

PLACE OF BIRTH

Amended 3/28/79 STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—Rev. 6-47

CERTIFICATE OF BIRTH

County of Idaho

City of Genesee

Registration District No. 62 File No. 83591

No. ..... St.

Primary Registration District No. 1142 Registered No. 10

Hospital .....

FULL NAME OF CHILD Melba Caroline Masse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	9 — 6 — 20

FATHER

FULL NAME Paul Masse

RESIDENCE Canada

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Antonio Canada

OCCUPATION Farm Owner

MOTHER

FULL MAIDEN NAME Helen Stevens

RESIDENCE Canada

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Palouse - Wash

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Cohen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9-7-20 W. H. Cohen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
Province ~~County~~ of Alberta

Certificate No. 83591

JAN 23 3 37 AM '79

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed female Masse (Name on Original Certificate) who was born (Was Born or Died) on September 6, 1920 (Date of Event)

in Genesee, ID (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on Dec 21, 1978 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Melba Caroline Masse

Subscribed and sworn to before me this 19th day of January, 1979

Suzanne Mah

Notary Public, residing at Edmonton Alberta

My commission expires 1900 Century Place

(Seal)

Signed Melba Caroline Masse

9909-104 St Ste 1806 Edmonton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
Province ~~County~~ of Alberta

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of January, 1979

Suzanne Mah

Notary Public, residing at 1900 Century Place Edmonton, Alberta

My commission expires .....

(Seal)

Signed Louise Pirlot

(Signature of Any Credible Person)

6915-40 Ave Edmonton Alberta

(Street Address, City, State)

FORM DH 60-155

12/5/78

n.m.

Holy Sacrament of Baptism gives name as Melba Caroline Masse daughter of Paul Masse and Ida Stephens born Genesee, Idaho on Sept 5, 1920. Baptized Sept 19, 1920. viewed by V. S.

MAR 2 8 1979

Certif of Marrige from Alberta, Canada gives name as William Patrick Dumbeck and Melba Carolyna Masse. dated July 3, 1962. viewed by V. S. Married Mar 10, 1941.

295-210-029-453

PLACE OF BIRTH

County of Latah

City of Troy

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 83592

Primary Registration District No. 2144. Registered No. ____

Full Name of Child Leona May King

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female	—	4th	yes.	Sept 10 1920

FATHER

FULL NAME W. P. King

RESIDENCE Troy.

COLOR White AGE AT LAST BIRTHDAY 47. (Years)

BIRTHPLACE Kansas.

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Lillie Hooker

RESIDENCE Troy.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Nebraska.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 11 A.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Miles Hopkins

Physician (Physician or midwife)

Given names added from a supplemental report

Sept. 10 1920

J. E. Pickerel Registrar

Address Troy Idaho

Filed Sept 10 1920 J. E. Pickerel Registrar

993-104-029-517

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

83593 5

Registration District No. 2147 File No. .....

Primary Registration District No. 67 Registered No. 42

FULL NAME OF CHILD George Myron Richardson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	2	1	Yes	9 (Month) 4 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. W. Richardson	FULL MAIDEN NAME	May Nagle
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Steam Shovel Engineer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) 12:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

9-4 1920 Address Deary

P. C. Faust Registrar

Filed 9-4 1920 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

JAN 18 1943

165-113-029-342

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 83594

Primary Registration District No. 67 Registered No. 43

FULL NAME OF CHILD Ernest Paul Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	9-13-1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Standish A. Jones	Nanny Cushing
RESIDENCE	Avon	Avon
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Mo	Wis.
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. G. Faust Physician (Physician or midwife)

Given names added from a supplemental report.

9-13-1920 Address Deary

P. G. Faust Registrar Filed 9-15-1920 P. G. Faust Registrar

FEB 1 8 1970

693-114-029-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Helmer

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 83595

Primary Registration District No. 67 Registered No. 44

FULL NAME OF CHILD Carl Leroy Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	V		V	yes	9 (Month) – 14 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lynn G. Williams	FULL MAIDEN NAME	Emma Robertson
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Maine
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

9-15 1920 Address D. Dary

R. C. Faust Registrar

Filed 9-15 1920 R. C. Faust Registrar

JAN 19 1942

995-123-029-693

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Latah

City of Helmer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83596

Registration District No. 2147

File No. 5

Primary Registration District No. 67

Registered No. 46

FULL NAME OF CHILD Vernon Wade Ireland

Sex of Child	Twin / Triplet / or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	9-23 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Loy Ireland	FULL MAIDEN NAME	Edith A. Williams
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wash.	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Faust

(Physician or midwife)

Address Deary

Given names added from a supplemental report.

9-24 1920

P. E. Faust
Registrar

Filed 9-24 1920 P. E. Faust
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5M-12-11

RECEIVED
[illegible] 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

83596

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Helmer
Street and House No.
County Latah

Registered Number 2147
Registration District No. 67

Sex of Child male

Date of Birth, 9 (Month) 23 (Day) 1920 (Year)

Full Name of Father Loy Ireland

Full Maiden Name of Mother Alice A. Wilkerson

I HEREBY CERTIFY that the child described herein has been named: Vernon Wade Ireland
(Given name in full) (Surname)
as reported by Loy Ireland
(Father or Mother)

P. C. Faust
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

693-113-030-719

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 83598

Primary Registration District No. 0116 Registered No. _____

FULL NAME OF CHILD BYRON CASPER WILLIAMS Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 13 1920

FATHER		MOTHER	
FULL NAME	John P Williams	FULL MAIDEN NAME	Maytie Parker
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	S Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:57 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/10 1920 M. Deming Greene Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83598

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for ..... (Name on Original Certificate) who Born (Was Born or Died) on Sept. 13, 1920 (Date of Event)
in Salmon, Idaho (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Byron Casper Williams

Subscribed and sworn to before me this 28
day of August, 1943.

J. B. Jensen
Notary Public, residing at Burley Idaho
My commission expires March 4 - 1944
(Seal)

Signed Maytie O. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 4 1943

415-120-030-715

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____ St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 83599

Primary Registration District No. 216 Registered No.

FULL NAME OF CHILD Robert Henry Daniels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 20 1920

FATHER		MOTHER	
FULL NAME	W Seth Daniels	FULL MAIDEN NAME	Jesse Gantier
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Pa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

(Signature) F S Wright-M D

(Physician or midwife)

Address Salmon Idaho

Filed 10/1.0 1920 M. Deming Greene
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-104-030-319

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 83600

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD James Logan Kuntley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 4th 1920

FATHER		MOTHER	
FULL NAME	James L. Kuntley	FULL MAIDEN NAME	Rose Carns
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Calif
OCCUPATION	Farmer	OCCUPATION	Hswfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 A M. on the date above stated.

(Signature) F S Wright MD

(Physician or midwife)

Address Salmon

Filed 10/10 1920 M. Deering Greene Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1943

JUN 22 1956

4/3/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Salmon

No. 769-112-030-349 St.

Hospital

Registration District No. 41

File No. 3601

Primary Registration District No. 4116

Registered No.

FULL NAME OF CHILD RICHARD WILLIAM Pfremmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	8-12-1920

FATHER		MOTHER	
FULL NAME	William Pfremmer	FULL MAIDEN NAME	Mae Turner,
RESIDENCE	Salmon, Idaho	RESIDENCE	Salmon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.25 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Stratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

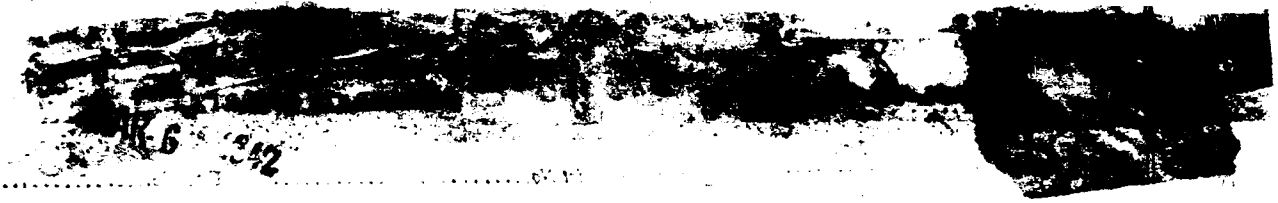
19

Registrar

Address

Filed 10/10 1920 M. Dering Greene

Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Humboldt }

Certificate No. 83601

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Richard William Pfremmer (Name on Original Certificate) who was born (Was Born or Died) on Aug 17, 1920 (Date of Event)
in Salmon City Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Pfremmer	Richard William Pfremmer

Subscribed and sworn to before me this 19th day of May, 1942

Notary Public, residing at Orick Calif

My commission expires Dec 6 1944
(Seal)

Signed W. W. Pfremmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Humboldt }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 1942

Notary Public, residing at Orick Calif

My commission expires Dec 6 1944
(Seal)

Signed John Francis
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 28 1942

249-209-030-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 83602

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Burggraf

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 9 (Month) 9 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	John Burggraf	FULL MAIDEN NAME	Theresa Brennan
RESIDENCE	Salmon, Ida.	RESIDENCE	Salmon, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Stratton, M.D.

(Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/10 1920 M. Dering Greene

Registrar

213-218-030-5-95

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 83603

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Anna Bacin

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9-18-20

FATHER		MOTHER	
FULL NAME	George Bacin	FULL MAIDEN NAME	Marie Vintila
RESIDENCE	Juliaetta, Ida	RESIDENCE	Juliaetta, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Rumania	BIRTHPLACE	Rumania
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Hatton M.D.

(Physician or midwife)

Address Juliaetta, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/10 192[illegible] M. Irving Greene

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1975

SEP 9 1943

753-130-030-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

No. _____ St.

Hospital _____

Registration District No. 42 File No. 83604

Primary Registration District No. 2153 Registered No. 10

FULL NAME OF CHILD Clarence Lavar Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	June (Month) 30 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leroy Peterson	FULL MAIDEN NAME	Rose Carlson
RESIDENCE	Leadore, Idaho	RESIDENCE	Leadore, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Given names added from a supplemental report.

10/4/20 19

I B Keller
Registrar

Address Leadore, Idaho

Filed 10/4/1920 I B Keller
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1962

345-107-030-653

PLACE OF BIRTH

County of Lemhi

City of Gilmore

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 42 File No. 83605

Primary Registration District No. 215-3 Registered No. 11

FULL NAME OF CHILD Harry Theodore Turedy

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	7 / 7 / 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert M. Turedy	Nelle J. Wells
RESIDENCE	Gilmore, Idaho	Gilmore, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	39
BIRTHPLACE	Kansas	Washington
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Address Leadore, Idaho.

Filed 10/4 1920 I B Keller Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

10/4 20 I B Keller Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1965

AUG 4 1942

753-213-030-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

Registration District No. 42

File No. 83606

No. _____ St.

Primary Registration District No. 2153

Registered No. 12

Hospital _____

FULL NAME OF CHILD Melba Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	7 13 1920

FATHER		MOTHER	
FULL NAME	Arthur M. Peterson	FULL MAIDEN NAME	Lola J. Backman
RESIDENCE	Leadore, Idaho	RESIDENCE	Leadore, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Address Leadore, Idaho

Given names added from a supplemental report.

10/4 20

I B Keller
Registrar

Filed 10/4 1920 I B Keller
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-103
031-962

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Craigmont R.F.D. Registration District No. 30 File No. 83607

No. ..... St. Primary Registration District No. 2129 Registered No. 37

Hospital .....

FULL NAME OF CHILD Glen Maurice Kettrell

Sex of Child	Twin / Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Sept 3 1920

FATHER		MOTHER	
FULL NAME	Virgil Vernon Kettrell	FULL MAIDEN NAME	Virgil Mary Ross
RESIDENCE	Craigmont R.F.D.	RESIDENCE	Craigmont R.F.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Ky.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

(Signature) P. G. Dunlap M.D.

(Physician or midwife)

Address Craigmont Idaho

Filed 9/7 1920 P. G. Dunlap Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

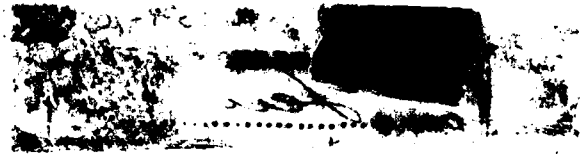
..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1942



318-102-030-684

[redacted]TH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Leadore

Registration District No. 42 File No. 83608

No. ____ St.

Primary Registration District No. 2153 Registered No. 13

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	9 2 1920

FATHER		MOTHER	
FULL NAME	David Robert Taylor	FULL MAIDEN NAME	Fannie Marie Ohman
RESIDENCE	Leadore Idaho	RESIDENCE	Leadore, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Address Leadore, Idaho

Given names added from a supplemental report.

10/14 1920

I B Keller Registrar

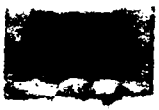
Filed 10/14 1920 I B Keller Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



437-121-031-437 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83609
Local Reg. No. 102
Reg. Dist. No. 47

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Lewis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Eldon b. (Middle) Winlow c. (Last) McPherson

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): July 21, 1920
Born 8:30 p.m.

FATHER OF CHILD

7. FULL NAME: a. (First) Algernon b. (Middle) Cater c. (Last) McPherson

8. AGE (At time of this birth): 30 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Texas
10. USUAL OCCUPATION: Superintendent
11. KIND OF BUSINESS OR INDUSTRY: Long Beach Development Company

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Alice b. (Middle) Jane c. (Last) Musser

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Missouri
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Alice Jane Musser Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John F. Gist
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Nezperce, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct. 7, 1920
22. REGISTRAR'S SIGNATURE: Albert Huff
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

AUG 2 9 1972

693-207-031-343

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler

No. _____ St.

Hospital _____

Registration District No. 47 File No. 83610

Primary Registration District No. _____ Registered No. 103

FULL NAME OF CHILD Emma Marie Willoughby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 7 1920

FATHER		MOTHER	
FULL NAME	Ernest Harold Willoughby	FULL MAIDEN NAME	Martha Opal Tuttle
RESIDENCE	Steel Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Troy Idaho	BIRTHPLACE	Mohler Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

(Signature) John F Gust MD

Nezperce Idaho
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

Albert Huff
Registrar

Address _____

Filed 10-7 1920

Albert Huff
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-116-031-844

PLACE OF BIRTH

o. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Peck

No. ..... St.

Hospital .....

Registration District No. 147 File No. 83611

Primary Registration District No. ..... Registered No. 104

FULL NAME OF CHILD Elwyn Keith McGee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Franklin McGee	FULL MAIDEN NAME	Beulah Viola Hunter
RESIDENCE	Peck Idy	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 P.M. on the date above stated.

(Signature) John F. Gist M.D.

Nezperce Idaho (Physician or midwife)

Address .....

Filed 10-7 1920 Albert Huff Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

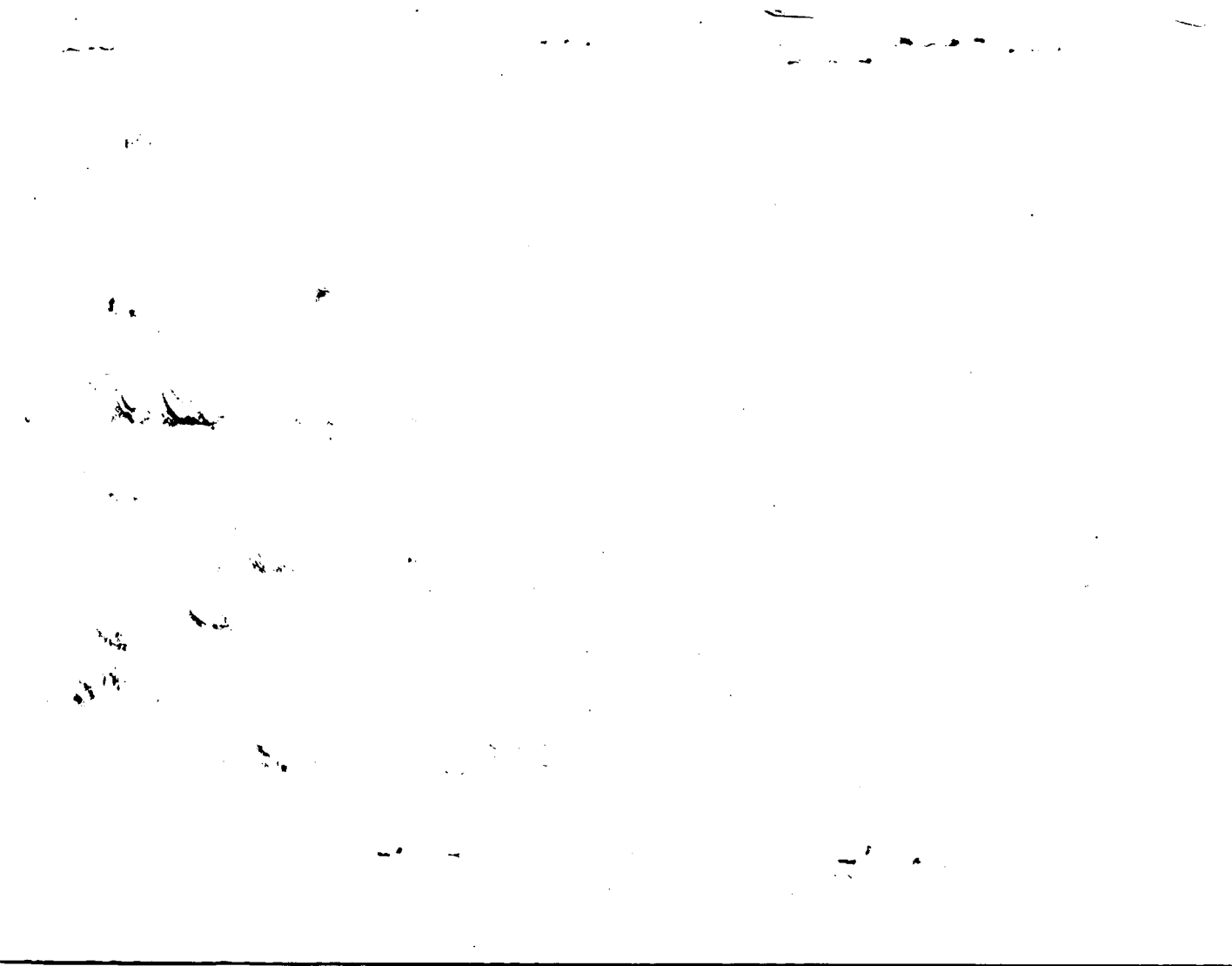
Albert Huff Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO.
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

SEP 13 1941

Certificate No. ~~5946~~ 8361
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Elwyn Keith McGee (Name on original certificate) who born (Was born or died) on 16th July 1920 (Date of event)
in Farm near Lewis Co. (Park) (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Evelyn Keith McGee	Elwyn Keith McGee
Dateof birth	July 7, 1920	July 16, 1920

Subscribed and sworn to before me this 16th
day of September, 1941
Grant F. Maynard
Notary Public, residing at Park
My commission expires 12/29/41
[SEAL]

Signed Frank McGee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Park Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nezperce

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of September, 1941
Grant F. Maynard
Notary Public, residing at Park
My commission expires 12/29/41
[SEAL]

Signed Mrs. P. M. Hardeman
(Signature of any credible person other than the previous affiant.)
Park Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUL 19 1943

JUL 17 1943

AUG 27 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Nepere

No. 386-201-031-386 St.

Registration District No. 47 File No. 83612

Primary Registration District No. Registered No. 106

Hospital

FULL NAME OF CHILD LOUISE FRANCES Thorp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 1 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Lester Raymond Thorp	FULL MAIDEN NAME Beulah Bee Thorp
RESIDENCE Nepere Idaho	RESIDENCE Nepere Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Oklahoma
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Grant M.D.

Nepere Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Albert Hoff Registrar

Address .....

Filed 10-7 1920 Albert Hoff Registrar

8-Y-CO 38071

MAY 7 1968

MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of COOS

Certificate No. 83612

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or ~~Death~~)
for FRANCES LOUISE THORP (Name on Original Certificate) who WAS BORN (Was Born or ~~Died~~) on OCT. 4 1920 (Date of Event)
in LEWIS COUNTY, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 1 st, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Frances Louise Thorp	Louise Frances Thorp

Subscribed and sworn to before me this 9 day of March, 1942

Zeeah Bartsch
Notary Public, residing at Powers-Oregon

My commission expires May 22. 1945.
(Seal)

Signed Beulah Thorp - mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Powers. Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of COOS

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of March, 1942

Zeeah Bartsch
Notary Public, residing at Powers. Oregon

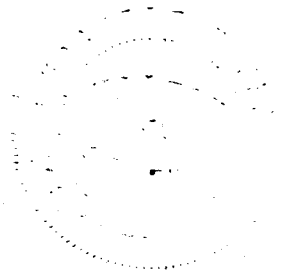
My commission expires May 22. 1945.
(Seal)

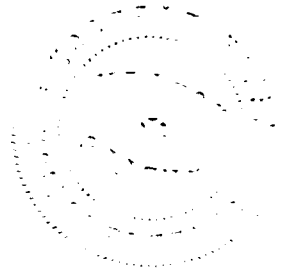
Signed William C. Thorp.
(Signature of Any Credible Person Other Than Previous Year)

Powers Oregon
(Street Address, City, State)

MAR 19 1942

MAY 7 1968





643-224-031-793

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 83613

Primary Registration District No. 2428 Registered No. .....

FULL NAME OF CHILD T. Outhouse

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	1st (To be answered only in event of plural births)	yes	9 (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm Outhouse	FULL MAIDEN NAME	Nellie Gilmore
RESIDENCE	Kamiah, Id	RESIDENCE	Kamiah, Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Wash.
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Bryan M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah, Idaho

Filed 10/8 1920 C. J. Johnson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

438-117-025-466 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kamiah

No. ..... St.

Hospital .....

Registration District No. 49 File No. 83614

Primary Registration District No. 2428 Registered No. .....

FULL NAME OF CHILD Ron McQueen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	yes	9 (Month) - 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Claude E. McQueen	FULL MAIDEN NAME	Marie Moore
RESIDENCE	Craigmount, Id	RESIDENCE	Craigmount, Id.
COLOR	Am	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Bryan M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah, Idaho.

Filed 11/8 1920 C. J. Johnson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-221-031-546 [redacted]

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 83615

Primary Registration District No. 474 Registered No. .....

FULL NAME OF CHILD Dorothy Marie Peters

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			1st	yes	9 21 1920

FATHER		MOTHER	
FULL NAME	Harry Peters	FULL MAIDEN NAME	Marie Duncan
RESIDENCE	Kamiah.	RESIDENCE	Kamiah. Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	New Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A. F. Bryan M. D.

(Physician or midwife)

Address Kamiah Idaho

Filed 10/8 1920 C. J. Johnson Registrar

343-103-031-212

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. _____ St.

Hospital _____

Registration District No. 49

File No. 83616

Primary Registration District No. 2428

Registered No. _____

FULL NAME OF CHILD Lucas O.C. Newton Lucas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male Isaac			2	Yes	Setembr 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Newton Lucas	FULL MAIDEN NAME	Lillian Barclay
RESIDENCE	Kamiah	RESIDENCE	Lillie Ett Barcklay Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Kamiah Idaho

Filed 10/7 1920 C J Johnson Registrar

S-Y-CO. 38071

235-219-031-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, R. F. D.

Registration District No. 50

File No. 83617

No. ..... St.

Primary Registration District No. 2129

Registered No. 38 39

Hospital .....

FULL NAME OF CHILD Helen Bernadine Stellmon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	--		--b--	Yes	Sept. 19, 1920. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Henry Stellmon	FULL MAIDEN NAME	Mary Gwendoline Miller
RESIDENCE	Craigmont R. F. D.	RESIDENCE	Craigmont, R. F. D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Potlatch, Idaho.	BIRTHPLACE	Sprague, Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Craigmont Idaho

Filed Feb 19 20 R. E. Dunlap

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-107-031-356

Form V. S. No. 11-C—Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont R.F.D.

Registration District No. 30

File No. 83618

No. ..... St.

Primary Registration District No. 2129

Registered No. 40

Hospital .....

FULL NAME OF CHILD LeRoy Leonard Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept. 7 1920

FATHER		MOTHER	
FULL NAME	Oscar Carl Jones	FULL MAIDEN NAME	Mabel Leonard
RESIDENCE	Craigmont, Ida	RESIDENCE	Craigmont, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Darby
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Craigmont, Idaho

..... Registrar

Filed 9/30 1920 R. E. Dawdale Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 - 203 - 031 - 599 name added 7/28/80

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Lewis

City of Craigmont

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2

File No. 83619

Primary Registration District No. 2129

Registered No. 41

FULL NAME OF CHILD Vernice Parkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept. 3, 1920

FATHER		MOTHER	
FULL NAME	Carroll Parkins	FULL MAIDEN NAME	Minnie Erickson
RESIDENCE	Craigmont, Ida	RESIDENCE	Craigmont, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Darby

Physician (Physician or midwife)

Address Craigmont, Idaho.

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 9/30 1920 R. E. Dunlap Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
JUL 11 11 28 AM '80

State of I D A H O
County of NEZ PERCE } ss.

Certificate No. 83619
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Parkins (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 3, 1920 (Date of Event)

in Craigmont (Lewis) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Vernice Parkins

Subscribed and sworn to before me this 27th day of June, 19 80

Notary Public, Robert P. Brown

Residing at Lewiston, Idaho

My commission expires March 24, 1981

(Seal)

Vernice Parkins Sullivan
Signature of Applicant

Culdesac, ID 83524
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

School Census record for Sept 1928 give name as Vernice Parkins. age 8, child' od C. L. Parkins. born Spet 3, 1920. viewed by V. S.

Diploma from Craigmont High School, Craigmont, Idaho gives name as Vernice Ellen Parkins. dated May 20, 1938. viewed by V. S.

213-129-031-296

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83620
Local Reg. No.
Reg. Dist. No. 51

Amended 10/27/77

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Craigmont (RD)
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Donald
b. (Middle): Fredrick
c. (Last): Baldus

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Sept (Day) 29, (Year) 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): Herman
c. (Last): Baldus

8. AGE (At time of this birth): 24 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Eleanor
b. (Middle):
c. (Last): Brown

13. AGE (At time of this birth): 20 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Oregon
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John J. Darby
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Craigmont, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 10/2/20
22. REGISTRAR'S SIGNATURE: R. E. Dunlap
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY Time: 5:35 PM

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

10/1/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 23 9 37 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 83620

County of LEWIS Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Fredrick Donald Baldus (Name on Original Certificate) who was born (Was Born or Died) on Sept. 29, 1920 (Date of Event)

in Craigmont, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Fredrick Donald Baldus	Donald Fredrick Baldus

Subscribed and sworn to before me this 20TH day of SEPTEMBER 1977

[signature]

Notary Public, residing at NEZPERCE, IDAHO

My commission expires CONTINUOUS

(Seal)

Signed Eleanor M. Baldus Braun

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

NEZPERCE, IDAHO

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.

County of LEWIS

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of September, 1977.

[signature]

Notary Public, residing at Kamiah Idaho

My commission expires [illegible]

(Seal)

Signed [signature]

(Signature of Any Credible Person)

NEZPERCE, IDAHO

(Street Address, City, State)

FORM DH 60-155 1 cp Sd. Rec # 03604

Letter from U.S. Army promoting him to Captain, gives name as Donald Frederick Baldus. dated Jan 27, 1947. viewed by V. S.

Professional & Business Men's Life Insurance Co. policy gives name as Donald F. Baldus. dated Oct 10, 1952. Policy No. 5967-S. viewed by V. S.

795-130-031-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont

No. ..... St.

Hospital .....

Registration District No. 50

Primary Registration District No. 2129

File No. 83621

Registered No. 43

FULL NAME OF CHILD Joseph Gregory

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept. 30 1920

FATHER	MOTHER
FULL NAME Joseph J. Gregory	FULL MAIDEN NAME Bessie Kempfer
RESIDENCE Craigmont, Idaho.	RESIDENCE Craigmont, Idaho.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Oklahoma	BIRTHPLACE Hillsboro, Oregon
OCCUPATION Insurance Man	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Dunlap M.D.

(Physician or midwife)

Address Craigmont, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 2 20

P. C. Dunlap Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

413-104-02-412

PLACE OF BIRTH

County of Logan

City of Shoshone

No. _____ St.

Hospital Gill

[redacted]

STATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No.

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 83622

Primary Registration District No. 1016 Registered No. 39

Full Name of Child Ralph Edward Mallery

SEX OF CHILD Male | Twin / Triplet or other? — (To be answered only in event of plural births) | and Number in order of birth 1 | Legitimate? Yes | DATE OF BIRTH Oct 4 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Earl Edward Mallery	FULL MAIDEN NAME Dora Mabbutt
RESIDENCE Shoshone Ida	RESIDENCE Shoshone Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY [illegible]
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Butcher	OCCUPATION Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 5 1920 J. L. Fuller

Registrar

[redacted]

JUN 22 1960

JUL 20 1960

NOV 30 1942

312-124-032-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Marly

No. ..... St.

Hospital .....

Registration District No. 16 File No. 83623

Primary Registration District No. 1016 Registered No. 38

FULL NAME OF CHILD Norris Arden Tabor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Sept 24 1920

FATHER		MOTHER	
FULL NAME	Elmer J. Tabor	FULL MAIDEN NAME	Ethel Warrington
RESIDENCE	Marly	RESIDENCE	Marly
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Jones MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 20 1920 J L Turner Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83623

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Norris Arden Tabor (Name on Original Certificate) who was born (Was Born or Died) on September 24, 1920 (Date of Event)
in Richfield, Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by WD AGO Form #24 (Bible Record, Insurance Policy, Etc.) prepared on December 28, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Norris Arden Tabor

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director or informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

DEC 2 8 1943

695-118-032-235

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 83624

No. ..... St.

Primary Registration District No. 2016 Registered No. 37

Hospital .....

FULL NAME OF CHILD Richard Norman Winegar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept. (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo. W. Winegar	FULL MAIDEN NAME	Margaret Steele
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	white AGE AT LAST BIRTHDAY 42 (Years)	COLOR	white AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Ia.	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Jones MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Sept 30 1920 J L Turner Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

83624

County of

City of

693-12 STL 032-863

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 83625

Primary Registration District No. 1016 — Registered No. 36

Full Name of Child La Vern Clarence Wilson

SEX OF CHILD: Male	Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Sept 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Eugene Wilson	FULL MAIDEN NAME	Amy Holtman
RESIDENCE	Shoshone	RESIDENCE	Shoshone Id
COLOR	White — AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White — AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Junk Dealer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:26 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 27 1920 J. L. Fuller Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1973

415-124-032-165

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Registration District No. 16

Primary Registration District No. 1016

File No. 83626

Registered No. 35

Full Name of Child Ralph J. Davis

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Grover Cleveland Davis	FULL MAIDEN NAME	Grace Lillian Jones
RESIDENCE	Shoshone	RESIDENCE	Shoshone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Brakeman RR.	OCCUPATION	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Dell MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed Oct 27 1920 J. L. Fuller Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 10, 1941. E.W.

299-122-032-356

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Dietrich

No. ..... St.

Hospital .....

Registration District No. 16

Primary Registration District No. 2016

File No. 83627

Registered No. 33

Full Name of Child ~~Bri~~ Bridges, Arnold Scott

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leonard Bridge	FULL MAIDEN NAME	Inez Scott
RESIDENCE	Dietrich Ido	RESIDENCE	Dietrich Ido
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 8 25 a, at a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Dill

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 23" 1920 J. L. Fullen Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1976

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

853-212-032-218

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Hoskins

No. ..... St.

Hospital Dill's

Registration District No. 16

Primary Registration District No. 2016

File No. 83628

Registered No. 32

Full Name of Child Genevieve Ilene Hettman

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female	—	7	Yes	Sept 12 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Hettman	FULL MAIDEN NAME	Emilie Kayser
RESIDENCE	Richfield Ida	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Dill

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 15 1920 J. L. Fullen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11 25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No. .....

Registered No. .....

Full Name of Child

SEX OF CHILD	Twin Triplet or other	Number and in order of birth	Legitimate	DATE OF BIRTH	..... 19 ..... (No.) (Date) (Year)
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER	
RESIDENCE			RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY	(Years)
			BIRTHPLACE		
OCCUPATION			OCCUPATION		

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M on the date above stated.

Signature .....

Given names added from a supplemental report ..... (Given name or address)

19 Address .....

Filed ..... 19 .....

Registrar Registrar

213-123-032-359

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 83629

No. ..... St.

Primary Registration District No. 2016 Registered No. 30

Hospital .....

FULL NAME OF CHILD Allie William Bates, Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Aug 23 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Allie Bates	Tinella Lahthaiser
RESIDENCE	Dietrich	Dietrich
COLOR	white	white
AGE AT LAST BIRTHDAY	37 (Years)	22 (Years)
BIRTHPLACE	xxxxxxx Kentucky	xxxxxxx So. Dakota
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C O Jones. MD

(Physician or midwife)

Address Shoshone Ida

Filed Sept 11" 1920 J L Turner Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lincoln

Certificate No. 83629
Date Filed NOV 7 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or death)
for ____ (Name on original certificate) who ____ (Was born or died) on ____ (Date of event)
in ____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ____ (Bible record, insurance policy, etc.) prepared on ____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Olie	William Ollie Bate, Jr.
Father's name & Birthplace	Olie-Ill	Ollie - Kentucky
Mother's name & "	Lightheiser - No. Dakota	Leitheiser So. Dakota

Subscribed and sworn to before me this 5th day of November, 1941

Notary Public, residing at Shoshone Ida.

My commission expires 9-8-43

[SEAL]

Signed X Mrs Linella Bate
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hailey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of November, 1941

Notary Public, residing at Shoshone Idaho

My commission expires 9-8-43

[SEAL]

Signed X Fred Leitheiser
(Signature of any credible person other than the previous affiant.)

Hailey Idaho
(Street Address, City, State)

Received for filing on ____ By ____
(Registrar's signature)

AUG 24 1967

DEC 21 1943

168-105-032-343

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Shoshone Registration District No. 16 File No. 83630

No. ..... St.

Primary Registration District No. 2016 Registered No. 31

Hospital .....

FULL NAME OF CHILD EDWIN CHARLES Johnson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 5 1920

FATHER

FULL NAME Louis J. Johnson

RESIDENCE Marly

COLOR white AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Ida Tucker

RESIDENCE Marly

COLOR white AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE N. B.

OCCUPATION housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive, at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Jones MD

(Physician or midwife)

Address Shoshone

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 11 1920

J L Fuller

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lincoln } ss.

Certificate No. 88650

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 1920, (Birth or Death)
for Edwin Charles Johnson (Name on Original Certificate) who September 5 (Was Born or Died) on (Date of Event)
in Home at Marley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Records (Bible Record, Insurance Policy, Etc.) prepared on or about date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edwin Charles Johnson
Father's name	Lewis	Louis J. Johnson
Mothers "		Ida Tucker Johnson,

Subscribed and sworn to before me this 22nd
day of August, 1942

Notary Public, residing at Richfield,
My commission expires Nov 11th, 1944,
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Lincoln } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of August, 1942

F. B. Brush

Notary Public, residing at Richfield
My commission expires Nov. 11th, 1944,
(Seal)

Signed Myron A Johnson
(Signature of Any Credible Person Other than Previous Year)

Shoshone, Idaho,
(Street Address, City, State)

AUG 26 1942

AUG 27 1942

527-120-033-815

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

BUREAU [redacted]

CERTIF[redacted]

County of Madison

City of Rexburg — Registration District No. 105 — File No. 83631

No. ..... St. — Primary Registration District No. 2178 — Registered No. 290

Hospital .....

FULL NAME OF CHILD George G. [redacted]

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	9 20 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George G. Crapo	Viola Hanley
RESIDENCE	Rexburg Ida	Rexburg Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	29
BIRTHPLACE	Colo	Ida
OCCUPATION	Physician	

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Crapo M D

(Physician or midwife)

Address .....

Given names added from a supplemental report. .....19.....

Registrar

Filed 10-2 1920 G. G. Crapo

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 83631

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death) for _____ (Name on Original Certificate) who _____ (Was Born or Died) on Aug 28 1920 (Date of Event) in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	George G. Espe

Subscribed and sworn to before me this 3rd day of March, 1942

Notary Public, residing at Burley, Idaho.

My commission expires May 11, 1943
(Seal)

Signed George G. Espe Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

130 So. Miller, Ave., Burley, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1942

Notary Public, residing at Burley, Idaho.

My commission expires Feb. 27, 1946
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

305 No. Conant Ave., Burley, Idaho.
(Street Address, City, State)

MAR 13 1942

366-222-033-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 1 ~

File No. 83632

Primary Registration District No. 2178

Registered No. 291

FULL NAME OF CHILD LENORA HELLEN COOK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Cook	FULL MAIDEN NAME	Edith Tolley
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin S. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 9/20 1920 G. G. Estes

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 83632

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lenora Hellen Cook (Name on Original Certificate) who was born (Was Born or Died) on August 22, 1920 (Date of Event) in Rexburg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 22, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Leonora Hellen Cook Lenora Hellen Cook

Subscribed and sworn to before me this 28 day of July, 1943

Notary Public, residing at Idaho Falls

My commission expires 5/3/44
(Seal)

Signed Edith Tolley Cook.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 1943

Notary Public, residing at Idaho Falls Idaho
(Seal)

Signed Verda Cook
(Signature of Any Credible Person Other Than Previous Year)

503-10th Street
(Street Address, City, State)
Idaho Falls, Idaho

AUG

993-208-033-243

added name amend day of birth
2-6-86 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Independence

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83633

Primary Registration District No. 2176 Registered No. 292

FULL NAME OF CHILD Velda Bernice Ritter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. ~~10th~~ 9th 1920

FATHER		MOTHER	
FULL NAME	Ed. S. Ritter	FULL MAIDEN NAME	Mary Butherus
RESIDENCE	Independence Idaho	RESIDENCE	Independence Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live On Sept. 10-1920 at 9-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho.

Filed 9/20 1920

G G Gaspe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-6-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 6 12 10 PM '86

State of _____ } ss.
County of _____ }

Certificate No. 83633
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Ritter (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 10, 1920 (Date of Event)

in Independence (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Velda Bernice Ritter
Date of Birth	Sept 10, 1920	Sept 9, 1920

Subscribed and sworn to before me this 6th day of Feb, 1986.

Notary Public, Dorothy Leavitt
Residing at Boise Ada Idaho
My commission expires Jan 10, 1987
(Seal)

X Velda B Cronk
Signature of Applicant

X 3435 Schiller Rd Emmett Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Marriage lists Vernon Keith Crank and Velda Bernice Ritter were married Dec 18, 1958 in Emmett, Idaho. Viewed by V.S.

FEB - 6 1986

Certificate of Baptism from Sacred Heart Church in Emmett lists Velda Bernice Crank daughter of Edward Ritter and Mary Butherus born Sept 9, 1920 in Idaho and was baptised Dec 18, 1958. Viewed by V.S.

Birth Certificate for Vernon Daniel Cran born Aug 28, 1944 in Boise lists mother as Velda B Ritter born Sept 9, 1920. Viewed by V.S.

213-113-033-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

Registration District No. 100 File No. 83634

No. ..... St.

Primary Registration District No. 278 Registered No. 294

Hospital .....

FULL NAME OF CHILD Glen John Ball

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 13th 1920

FATHER		MOTHER	
FULL NAME	John Ball	FULL MAIDEN NAME	Thelma Young
RESIDENCE	Salem Idaho	RESIDENCE	Salem Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Trude Idaho	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boen Alive On Aug. 13 1920 at 5-30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 9/20 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168 - 210 - 033 - 463

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83635

Primary Registration District No. 2175 Registered No. 295

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. (Month) 10th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Robert Johnson	FULL MAIDEN NAME	Elva Mock
RESIDENCE	Hibbard Idaho	RESIDENCE	Hibbard Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ftn Green Utah	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive On Aug. 10th 1920 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 9/20 1920 G G Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

359-226-033-655

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. _____ St.

Hospital _____

Registration District No. 100 File No. 83636

Primary Registration District No. 2176 Registered No. 296

FULL NAME OF CHILD La Rue Nell Terry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	7 — 26 — 1920

FATHER		MOTHER	
FULL NAME	Albert Terry	FULL MAIDEN NAME	Jane Weeks
RESIDENCE	Archer, Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 9/20 1920 G. G. Espe

Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1947

249-125-033-343

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

name added 2/25/81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Rexburg

City of Madison

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83637

Primary Registration District No. 2178 Registered No. 297

FULL NAME OF CHILD Alvin Dean Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		Yes	July 25th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willis A. Smith	FULL MAIDEN NAME	Lillie Tucker
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Morgan Utah
OCCUPATION	Principal -Schools	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 25th 1920 at 3-25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 9/12 1920 G G Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) 19.... (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

..... Filed ..... 19.... .....
Registrar Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
FEB 16 1981
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

FEB 16 7 59 AM '81

Certificate No. 83637
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 25, 1920 (Date of Event)

in Madison (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Alvin Dean Smith

Subscribed and sworn to before me this 13th day of February, 1981.

Notary Public, for the State of Oregon, Clackamas Co.,
Residing at Gladstone, Oregon
My commission expires July 31, 1984
(Seal) Beverly A. McPherson

Alvin Dean Smith
Signature of Applicant

6202 SE Fleming Ave
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Neice in office 11-18-80 1 copy pd fc

~~B~~ - Cert of Ordenation from L.D.S. Church gives name as Alvin Dean Smith - Ordained an Elder. on aug 13, 1939. Fathers name as Willis A Smith & mothers name as Lillie L. Tucker. received by V.A.

FEB 25 1981

AUG 11 1987

Certy of Baptism from LDS Church - given name as ~~Alvin~~ Alvin Dean Smith. Son of Willis A Smith & Lillie Tucker. Born July 25, 1920 at Rigby, Idaho. Baptized July 25, 1928. Received by V.A.

134-221-033-134

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83638

Primary Registration District No. 2178 Registered No. 298

FULL NAME OF CHILD JEAN ELNORA ALDOUS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 21st 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sydney E. Aldous	FULL MAIDEN NAME	Ethel Aldous (Correct)
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Huntsville Utah	BIRTHPLACE	Downey Idaho
OCCUPATION	Electric Lineman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 21st 1920 at 5-50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho.

Filed 9/12 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... (Month) ..... (Day) ..... 19.... (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Address .....

Filed ..... 19.... .....

Registrar Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83638

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or ~~Died~~) on July 2d - 1920 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Jean Elnora Aldous (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jean Elnora Aldous

Subscribed and sworn to before me this 4th
day of Sept 1942

Notary Public, residing at Pocatello Idaho

My commission expires Sept 15, 1944
(Seal)

Signed Sidney E. Aldous
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of Sept 1942

Notary Public, residing at Pocatello Idaho

My commission expires Sept 15, 1944
(Seal)

Signed Edith C. Hadley
(Signature of Any Credible Person Other Than Previous Year)

521 E. Logan - Pocatello, Idaho
(Street Address, City, State)

SEP 9 1942

895-231-033-577

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100

File No. 83639

Primary Registration District No. _____

Registered No. 299

FULL NAME OF CHILD ELIZABETH HINCKLEY

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 31 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry Erastus Hinckley	FULL MAIDEN NAME	Rosana Eggertz
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 9/20 1920 G. G. Eske

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson

Certificate No. 83639

Date Filed SEP 16 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elizabeth Honckley (Name on Original Certificate) who born (Was Born or Died) on July 31st 1920 (Date of Event)
in Sugar City, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ward Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 5th 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth-Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elizabeth
Surname	Hinkley	Hinckley

Subscribed and sworn to before me this 15th
day of September, 19 42
George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(Seal)

Signed Henry E. Hinckley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route No. 1. Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

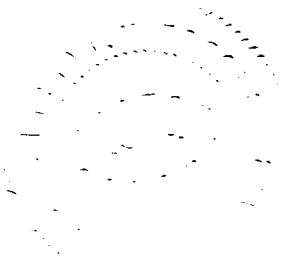
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of September, 19 42.
George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(Seal)

Signed A. W. DeBell
(Signature of Any Credible Person Other Than Previous Year)
Rigby Idaho
(Street Address, City, State)

SEP 18 1942

MAY 22 1951



154-119-033-133 name added 9-6-84 dl

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 150 File No. 83640

Primary Registration District No. 2178 Registered No. 304

FULL NAME OF CHILD Wallace Allred Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 19th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond Anderson	Malissa I. Allred
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	Rabbit Valley Utah	Lehi Utah
OCCUPATION	Honey Raiser	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 19th 1920 6-30 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Parley Nelson

M.D.

(Physician or [illegible])*

Address Rexburg Idaho.

Filed 9/12 1920

Registrar

DEC 1 - 1970

8-15-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA
County of LOS ANGELES } ss.

Certificate No. 83640
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 19, 1920 (Date of Event) in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	ALLRED Wallace A. Anderson
		WALLACE ALLRED ANDERSON

OFFICIAL SEAL
JOYCE A. STROUD
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Exp. April 29, 1988

Subscribed and sworn to before me this 24th day of August, 1984.

Notary Public, JOYCE A. STROUD
Residing at 222 N. SEPULVEDA EL SEGUNDO CA
My commission expires APRIL 29, 1988
(Seal)

X Walter A Anderson
Signature of Applicant
10923 Eastwood Ave, Inglewood Calif 90304
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of CALIFORNIA
County of LOS ANGELES } ss.

The undersigned does solemnly swear that he is known to the applicant set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 1984.

Notary Public, JOYCE A. STROUD
Residing at 222 N. SEPULVEDA EL SEGUNDO CA
My commission expires APRIL 29, 1988
(Seal)

OFFICIAL SEAL
JOYCE A. STROUD
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Exp. April 29, 1988

Supporting Signature
14903 Aus Ave Hawthorne Calif 90260
Street Address, City, State

Icc credit-

Insurance Policy lists insured as Wallace Allred Anderson age 39 as insured. Dated Oct 22, 1959. Viewed by V.S.

Certificate of Baptism from LDS Church gives Wallace Allred Anderson born July 19, 1920 in Rexburg to Raymond Anderson and Melissa Allred was baptised Feb 1, 1930. Viewed by V.S.

SEP 6 1984

719-104-033-465

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madiosn

City of Rexburg

Registration District No. 100 File No. 83641

No. ____ St.

Primary Registration District No. 2178 Registered No. 301

Hospital ____

FULL NAME OF CHILD Morris Doney Parkinson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	July 4th (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred. S. Parkindon	FULL MAIDEN NAME	Bessie A. Doney
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idahe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 4th 1920 12-04 P. M. (Born alive or stillborn) on the date above stated.

(Signature) Farley Nelson

M. D.

(Physician or [illegible])*

Address Rexburg Idaho.

Filed 7/12 1920 G. L. Espe Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Georgia } ss. Certificate No. 83641

County of Muscogee } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth July 4-1920 (Birth or Death)

for Morris Doney Parkinson (Name on Original Certificate) who born (Was Born or Died) on July 4-1920 (Date of Event)

in Rexburg Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by State Records, Boise Idaho (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	~~Morris D. Parkinson~~
	Morris D. Parkinson	Morris Doney Parkinson

Subscribed and sworn to before me this ~~[illegible]~~ 13th day of Feb 1944

Marion H Rosier

Notary Public, residing at Muscogee Co, Ga

My commission expires Aug 2-1944

(Seal)

Signed F S Parkinson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 1 1944

168-118-033-395

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83642

Primary Registration District No. 2178 Registered No. 302

FULL NAME OF CHILD Morrel James Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 18th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perry Johnson	FULL MAIDEN NAME	Hattie Linsey
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Liberty Utah
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On July 18th 1920 5-15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 9/12 1920 G G Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth ~~or Death~~

State of Utah)
)ss
County of Weber)

Certificate No. 83642

Date Filed SEP 15

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Morrel James Johnson (Name on original certificate) who was born (was born or died) on July 18, 1920 (Date of event) in Rexburg, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Church records (Bible record, insurance plcy.etc.) prepared on Blessing paper October 30, 1920 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Morrel James Johnson
		correct

Subscribed and sworn to before me this 12 day of September 1941

Signed L. Hatten a Johnson mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Ogden, Utah

461-20th St. Ogden, Utah
(Street address, City, State)

My Commission Expires Mar. 23, 1945

My commission expires

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Utah)
)ss
County of Weber)

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of September 1941

Signed
(Signature of any credible person other than the previous affiant.)

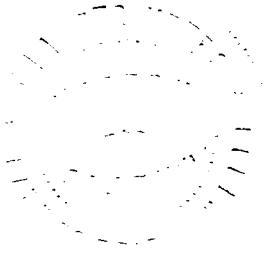
Notary Public
Residing at Ogden Utah

(Street address, City, State)

My commission expires September 12th 1945
(SEAL)

SEP 17 1941

DEC 29 1988



631-202-033-997

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 1 50 File No. 83643

No. ..... St.

Primary Registration District No. 2178 Registered No. 304

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Aug. 2nd 19 20

FATHER	MOTHER
FULL NAME: J. Daniel Flamm	FULL MAIDEN NAME: Francis Rigby
RESIDENCE: Rexburg Idaho	RESIDENCE: Rexburg Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 45 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Newton Utah
OCCUPATION: Farmer	OCCUPATION: Hpusewife

Number of child of this mother, including present birth 11th Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Aug. 2nd 1920 7 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Farley Nelson

M.D.

(Physician or ~~Midwife~~)

Address Rexburg Idaho.

Filed 9/12 19 20

G G Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-107-033-299

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 83644

Primary Registration District No. 2178 Registered No. 305

FULL NAME OF CHILD Ray Tuckett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 7 1920

FATHER		MOTHER	
FULL NAME	Chas. N. Tuckett	FULL MAIDEN NAME	Evelyn Bird
RESIDENCE	Hibbard, Idaho	RESIDENCE	Hibbard, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Springville, Utah	BIRTHPLACE	Teton, Idaho
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A C Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 9/20 1920 G G Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-211-033-651

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 48-2nd south St.

Hospital City

Registration District No. 100 File No. 83645

Primary Registration District No. 2178 Registered No. 306

FULL NAME OF CHILD Lucille Marie Sundberg 306

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Guy Quintin Sundberg	FULL MAIDEN NAME	Wanda Ovard
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pleasant Grove, Utah	BIRTHPLACE	Morgan, Utah
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rexburg Idaho

Filed 9/20 1920 G G Esper

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1974

V82-210-033-556

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 83646

Primary Registration District No. 2178 Registered No. 307

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth		
Female				Yes	Sept (Month)	10 (Day)	1920 (Year)

FATHER		MOTHER	
FULL NAME	James Earl McKenna	FULL MAIDEN NAME	Florence Newby
RESIDENCE	Hibbard Idaho	RESIDENCE	Hibbard Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

(Signature) O. O. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed 9/22 1920

G. G. Esplin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

MAY 1 7 1967

689 - 201-033-867

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 83647

Primary Registration District No. 2178 Registered No. 308

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 1 1920

FATHER	MOTHER
FULL NAME Thomas White	FULL MAIDEN NAME Annabelle Hope
RESIDENCE Hibbard Idaho	RESIDENCE Hibbard Idaho
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ogden, Utah	BIRTHPLACE Salt Lake Co. Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O O Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct 2 1920 G G Estes

Registrar

294-124-033-194

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 83648

Primary Registration District No. 2178 Registered No. 309

FULL NAME OF CHILD Arthur Kelley Simmons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 24 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Arthur Clarence Simmons	FULL MAIDEN NAME Elsie Marie Ard
RESIDENCE Rexburg, Idaho	RESIDENCE Rexburg Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Franklin Co, Missouri	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 9/30 1920 G. G. Esper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1942

OCT 3 1957

NOV 19 1962

993 - 218-033-635

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar city

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83649

Primary Registration District No. 2171 Registered No. 310

FULL NAME OF CHILD Della Ruth Ricks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Edwin Ricks	FULL MAIDEN NAME	Annie Eudora Fletcher
RESIDENCE	Sugar city, ~~Idaho~~	RESIDENCE	Sugar city, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salem ~~Sugar City~~, Ft Idaho	BIRTHPLACE	Cannonville, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A O Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 9/30 1920 G G Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214 - 217-033-993

name added 3-3-83

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83650

Primary Registration District No. 2178 Registered No. 311

FULL NAME OF CHILD Darlene Marguarite Saurey

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept. 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Heber Charles Saurey	FULL MAIDEN NAME	Sophy Ricks
RESIDENCE	Hibbard Idaho	RESIDENCE	Hibbard, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hibbard, Idaho	BIRTHPLACE	Geneva, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg, Idaho

Filed 9/20 1920 G G Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-20-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
OCT 28 11 38 AM '82

State of Idaho
County of Madison } ss.

Certificate No. 83650
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Saurey (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 17, 1920 (Date of Event)
in Hibbard (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	unnamed	Darlene Marguerite Saurey

Subscribed and sworn to before me this 2nd day of July, 1982.
Notary Public, Mary Smith
Residing at Rexburg, Idaho
My commission expires Life
(Seal)

X Edith L. Brower
Supporting Signature of Applicant
149 W-1st So Rexburg Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 1982.
Notary Public, Mary Smith
Residing at Rexburg, Idaho
My commission expires Life
(Seal)

Darlene S. Blackburn
Signature of Supporting Signature Applicant
176 N 1st E Rexburg Idaho 83440
Street Address, City, State

1 cc pd

Record of Blessing from LDS Church gives Darlene Marguarite Blackburn born Sept 17, 1920 at Hibbard to Heber Charles Saurey and Sophy Ricks and was blessed on Nov 7, 1920. Viewed by V.S.

MAR 3 1983

Cert of Baptism from LDS Church gives Darlene Marguarite Saurey born 9-17-20 in Hibbard to Heber Charles Saurey and Sophy Ricks and was baptised Oct 5, 1928. Viewed by V.S.

551-228-033-339

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100 File No. 83651

Primary Registration District No. 2178 Registered No. 312

FULL NAME OF CHILD Adah Claire Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 28 1920

FATHER		MOTHER	
FULL NAME	Frank B. Evans	FULL MAIDEN NAME	Clara F. Chubb
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	~~Sug~~ Dow City, Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed 9/30 1920

G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 L. B.

693-106-033-355

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem.

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83652

Primary Registration District No. 2178 Registered No. 313

FULL NAME OF CHILD Dale Fred Withers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes.	9 6 1920

FATHER		MOTHER	
FULL NAME	Fred Withers.	FULL MAIDEN NAME	Lucy Lee.
RESIDENCE	Salem, Ida.	RESIDENCE	Salem, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/20 1920 G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-208-033-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83653

Primary Registration District No. 2178 Registered No. 314

FULL NAME OF CHILD Marie Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	9 8 1920

FATHER		MOTHER	
FULL NAME	Herbert Williams.	FULL MAIDEN NAME	Minnie L. Johnson
RESIDENCE	Archer, Ida.	RESIDENCE	Archer, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	~~White~~ Idaho.
OCCUPATION	Farmer.	OCCUPATION	Ida.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Registrar

Address

Filed 9/20 1920

G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1944

755-117-033-259

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 10 File No. 83654

Primary Registration District No. 2178 Registered No. 315

FULL NAME OF CHILD VERNON RAY GEE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				Yes.	9	17	1920

	FATHER	MOTHER
FULL NAME	Wm. E. Gee	FULL MAIDEN NAME Mary E. Kerr
RESIDENCE	Rexburg	RESIDENCE Rexburg
COLOR	White	COLOR W.
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Clapp M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/20 1920 G. L. Clapp

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 83654

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Vernon Ray Gee (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 17, 1920 (DATE OF EVENT) in Rexburg, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptism Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 7, 1928. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Vernon Ray Gee		
name	none given	Vernon Ray Gee

Subscribed and sworn to before me this 26th day of September, 1942.

A. B. Chase

Notary Public, residing at Pocatello, Idaho

My commission expires 6-20-46

(SEAL)

Signed Mary Kerr Gee

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

628 North Hayes Ave., Pocatello, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of September, 1942.

A. B. Chase

Notary Public, residing at Pocatello, Idaho.

My commission expires 6-20-46

(SEAL)

Signed William E. Gee

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

AUG 27 1956

SEP 28 1942

814-220-033-862

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 10 File No. 83655

Primary Registration District No. 2178 Registered No. 316

FULL NAME OF CHILD Sumiko Yamasaki

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes.	9 20 1920

FATHER		MOTHER	
FULL NAME	J. Yamasaki	FULL MAIDEN NAME	Yasuyo Yokoyama
RESIDENCE	Sugar	RESIDENCE	Sugar,
COLOR	Jap	COLOR	Jap.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan.
OCCUPATION	farmer.	OCCUPATION	Japan.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:20 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Teape
MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/20 1920

G G Teape
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

CERTIFICATE OF BIRTH

MAR 24 1954

File No.

MAR 27 1951

555-124-033-859

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83656

Primary Registration District No. 2178 Registered No. 317

FULL NAME OF CHILD MERLIN S. NEELEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	9 24 1920

FATHER		MOTHER	
FULL NAME	Ruben S Neeley	FULL MAIDEN NAME	Myrl Herleson
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 10/3 1920 G G Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1951

893-124-033-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

Registration District No. 100 File No. 83657

No. ..... St.

Primary Registration District No. 2178 Registered No. 318

Hospital .....

FULL NAME OF CHILD CLYDE JENSEN HILTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	9 27 1920

FATHER		MOTHER	
FULL NAME	Chas Thomas Hilton	FULL MAIDEN NAME	Estey Jensen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:25 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Estes

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/30 1920

G G Estes
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison

DEC 5 1941

Certificate No. 83657
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Clyde Jensen Hilton (Name on original certificate) who was born (Was born or died) on Sept. 24, 1920 (Date of event)
in Salem, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on or about birth date (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hilton	Clyde Jensen Hilton

Subscribed and sworn to before me this 3rd
day of December, 19 41

Notary Public, residing at Rexburg, Idaho
My commission expires Mar. 27, 1943
[SEAL]

Signed Esther J. Hilton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg, Idaho R D No. 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of December, 19 41

Notary Public, residing at Rexburg, Idaho
My commission expires Mar 27, 1943
[SEAL]

Signed E. A. Hansen
(Signature of any credible person other than the previous affiant.)

260 W. 1st North St. Rexburg Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

815-122-033-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. 83658

Primary Registration District No. 2178 Registered No. 319

Hospital .....

FULL NAME OF CHILD Gerald Peter Hansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	9 22 1920

FATHER	MOTHER
FULL NAME Fred Andrew Hansen	FULL MAIDEN NAME Emma Linda Andregg
RESIDENCE Rexburg Ida.	RESIDENCE Rexburg.
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Switzerland
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Thorpe

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/30 1920

G G Thorpe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1960
SEP 28 1966

415-129-033-238

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83659

Primary Registration District No. 2178 Registered No. 320

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	9 29 1920

FATHER		MOTHER	
FULL NAME	Carl Mang	FULL MAIDEN NAME	Mary Aline Schliefer
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 10/2 1920 G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745-201-033-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg. Registration District No. 100 File No. 83660

No. ..... St.

Hospital ..... Primary Registration District No. 2178 Registered No. 321

FULL NAME OF CHILD Lois E. Gunnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	10 1 1920

FATHER		MOTHER	
FULL NAME	Geo. Hill Gunnell	FULL MAIDEN NAME	Josephine Edna Green
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Colo.
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Keeler M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10/2 1920

G. L. Keeler
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1976

766-130-033-343

PLACE OF BIRTH name added 10-7-82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 83661

Primary Registration District No. 2178 Registered No. 322

FULL NAME OF CHILD Fern Pfost

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	9 30 1920

FATHER		MOTHER	
FULL NAME	Chris W. Pfost.	FULL MAIDEN NAME	Malaeska Luthy
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg
COLOR	White. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 10/2 1920

G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1967

7-20-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 4 12 47 PM '82

State of Idaho
County of Jefferson } ss.

Certificate No. 83661
Date Filed 7-26-82

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Pfost (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 30, 1920 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Fern Pfost
Fern Pfost		

Subscribed and sworn to before me this 26 day of July, 1982

Notary Public, Lorna Wheeler
Residing at Menan Idaho
My commission expires 11-25-84
(Seal)

X Fern B. Clifford
Signature of Applicant
Menan Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of July, 1982

Notary Public, Lorna Wheeler
Residing at Menan Ida. 83434
My commission expires 11-25-84
(Seal)

X Violet Pfost Lee
Supporting Signature
Route 1. Rexburg, Idaho
Street Address, City, State

1cc credit

Cert of Baptism from LDS Church gives Fern Pfost born 9-30-20 at Rexburg to Christopher William Pfost and Malaeska Mina Luthy was baptised 6-2-34. Viewed by V.S.

OCT 7 1982

Cert of Blessing from LDS Church gives Fern Pfost born on 9-30-20 in Rexburg and was blessed 12-5-20. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-703-034-215

PLACE OF BIRTH

County of Mundoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF [redacted]

BUREAU OF VITAL STATISTICS

V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 83662

Primary Registration District No. 9015 Registered No. 199

FULL NAME OF CHILD TED JUNIOR MARTINDALE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 3 1920

FATHER		MOTHER	
FULL NAME	Edgar L. Martindale	FULL MAIDEN NAME	Lois Catherine Sanford
RESIDENCE	Richfield Ida.	RESIDENCE	Richfield Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	~~Hamms~~ Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a M. on the date above stated.

(Signature) E. T. Edmore

M. D.

(Physician or midwife)

Address Rupert

Filed Sept. 6 1920 E. T. Edmore

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 83662

County of _____ Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ted Junior Martindale (Name on Original Certificate) who Born (Was Born or Died) on September 3, 1920 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on July 23, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ted J. Martindale
Ted Junior Martindale		Ted Junior Martindale

Subscribed and sworn to before me this 6 day of Nov, 1942

[signature]

Notary Public, residing at Springville Ut

My commission expires _____ (Seal)

Signed Lois Martindale

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____ (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Utah

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of Nov, 1942

[signature]

Notary Public, residing at _____

My commission expires _____ (Seal)

Signed Clara Harmer

(Signature of Any Credible Person Other Than Previous Year)

190 West 1st South

Springville, Utah

(Street Address, City, State)

NOV 1 0 1942

JAN 2 1 1976

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County [illegible]

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 83663

Primary Registration District No. 2015 Registered No. 200

FULL NAME OF CHILD JAY ROBERT LEERIGHT, JR.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Aug. 18 1920

FATHER		MOTHER	
FULL NAME	Jay Robert Leeright	FULL MAIDEN NAME	Eva Pauline Trathen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Mich
OCCUPATION	Auto Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert, Ida

Filed Sept. 14 1920 Ett Elmore

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 83663

County of Minidoka } Date Filed Sept. 14 - 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 18 - 1920 (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 14 ~~August~~ 18 - 1920 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Jay Robert Leeright, Jr.

Subscribed and sworn to before me this 6th day of April, 1942

[signature]

Notary Public, residing at Rupert Idaho

~~My commission expires~~ Dec 14 1942

(SEAL)

Signed E H Elmore M D

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rubert Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of April, 1942

[signature]

Notary Public, residing at Rupert Idaho

My commission expires Dec 14 1942

(SEAL)

Signed Jay Robert Leeright

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Father

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 9 1942

AUG 13 1948

168 - 211-034-419

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 83664

Primary Registration District No. 215 Registered No. 201

FULL NAME OF CHILD Zenda Madelyn Johnson

Sex of Child Female | Twin Triplet or other? ..... | and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept. 11 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Harvey E. Johnson	FULL MAIDEN NAME Norma E. Masterdale
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Upholsterer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

(Signature) E. T. Johnson

M. D.

(Physician or midwife)

Address Rupert

Filed Sept. 15 1920 E. T. Johnson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MAR 30 1965

363-214-034-915

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 14 File No. 83665

~~Primary Registration District No.~~ 2015 Registered No. 202

FULL NAME OF CHILD Vinny Opal Bolton

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aca M. Bolton	FULL MAIDEN NAME	Emily Cora Van Pelt
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Sept 15 1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1945

363 - 221-034-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 83666

Primary Registration District No. 2015 Registered No. 204

Hospital

FULL NAME OF CHILD Phyllis Lucile Lockhart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1st	yes	Sept. 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dillon Earl Lee McDonald Lockhart	FULL MAIDEN NAME	Bertha Alice Markley
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Colorado
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ett Elmore

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rupert

Filed Sept 27 1920 Ett Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1942

368 - 225-034 - 793

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 83667

Primary Registration District No. 2015 Registered No. 203

FULL NAME OF CHILD Beth Louise Lohman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1st	yes	Sept. 26 1920

FATHER		MOTHER	
FULL NAME	Walter E. Lohman	FULL MAIDEN NAME	Irene Pickering
RESIDENCE	Los Angeles	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	California	BIRTHPLACE	Utah
OCCUPATION	Soldier	OCCUPATION	Stenographer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Elmore

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Sept 27 1920 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1969

619 - 223-034-859

PLACE OF BIRTH

amended Aug. 21, 1979

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

County of Minnedoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 83668

Registered No. 206

FULL NAME OF CHILD Blaine C. Warr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Aug. (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas. M. Warr	FULL MAIDEN NAME	Audrey Heiner
RESIDENCE	Paul	RESIDENCE	Paul
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. H. Cutler

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Filed 9 - 1 - 1920

~~Dr. J. C. Robbins~~

Registrar

E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 83668

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Warr (male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 23, 1920 (Date of Event)
in Paul, Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Blaine C. Warr
		Blaine C. Warr

Subscribed and sworn to before me this 21st day of August, 19 79

Notary Public, residing at Boise

My commission expires Lifetime
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X/4731 San Ardo Dr., La Mirada, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9/21/78

Certificate of record of membership, LDS Church, lists name as Blaine C. Warr, born August 23, 1920, in Paul, Idaho. Dated August 14, 1979.
Blessed October 3, 1920
viewed by vs August 21, 1979

Own child's birth certificate, Kandy Kaye Warr, born December 29, 1949, in Rupert, Idaho. #49-15699lists father as Blaine C. Warr.
viewed by vs August 21, 1979

415-113-034-435 [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19

Primary Registration District No. 2015

File No. 83660

Registered No. 205

FULL NAME OF CHILD Richard Earl Manicom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1st	yes	Sept. 13 1920

FATHER		MOTHER	
FULL NAME	Richard Ellsworth Manicom	FULL MAIDEN NAME	Maye Elizabeth McNish
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Volo Illinois	BIRTHPLACE	Phelps, Missouri
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Edw. Johnson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept. 16 1920 Ed H Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 0 1944

[redacted]

381-223-034-128

name added 10/16/03 11k

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of R.F.D. Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 83670

Primary Registration District No. 2015 Registered No. 207

FULL NAME OF CHILD Bessie Bee Champion

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 23rd 1920

FATHER		MOTHER	
FULL NAME	Fay Champion	FULL MAIDEN NAME	Maud Ashenfelter
RESIDENCE	R.F.D. Rupert, Idaho.	RESIDENCE	R.F.D. Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:55 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician

(Physician or midwife)

Address Rupert, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 30 1920 A. Robinson

Registrar

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 1920-83670

Date Filed 9/30/20

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for unnamed Champion (Name on Original Certificate) who was born (Was Born, Died, etc.) on September 23, 1920 (Date of Event Reported on Original Certificate)

in Rupert, Idaho (Minidoka) (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed Champion	Bessie Bee Champion

Subscribed and sworn to before me this 6th day of October, 2003

Notary Public, Susan T. Davis

Residing at St. Anthony, ID - 83445

My commission expires 05-05-09 (Seal)

Bessie Bee Champion Allen
Signature of Applicant

448 N 2nd W. St. Anthony, ID 83445
Street Address, City, State and Zip

SUSAN T. DAVIS NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)

(Is not necessary ☒)

State of _____ } SS
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

10/1/03

Certificate of Blessing dated July 25, 1923 in Rupert, Idaho for Bessie Bee Champion. Viewed by VS

Certificate of Baptism and Confirmation dated Juanuary 6, 1929 for Bessie Bee Champion No. 160 Minidoka Stake Rupert first ward. Viewed by VS

365-125-034-259

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Minidoka

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 2015 File No. 83671

Primary Registration District No. 2015 Registered No. 208

FULL NAME OF CHILD Samuel Frank Toews

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Sept	25	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank J. Toews	Anna S. Strieser
RESIDENCE	Minidoka Idaho	Minidoka, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Minnesota	Manitoba, Canada
OCCUPATION	Banker	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:58 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Leeon Frazier

Physician
(Physician or midwife)

Address Rupert, Idaho.

Filed Sept. 30 1920 Ed Elmore
Registrar

MAY 1 8 1942

JUN 12 1952

719-211-034-268

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 83672

Primary Registration District No. 2015 Registered No. 209

FULL NAME OF CHILD Ireta Parman

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Sept (Month) 11th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Floyd H. Parman	FULL MAIDEN NAME	Lula M. Bohon
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 53 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert, Idaho

Filed Sept. 30 1920 E H Elmore Registrar

Registrar

SEP 14 1942

281-208-034-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 83673

No. ..... St.

Primary Registration District No. 2015 Registered No. 210

Hospital .....

FULL NAME OF CHILD Baby VIRGINIA ALEEDA Sharp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	6	yes	aug 7 1920

FATHER

FULL NAME Austin Sharp

RESIDENCE Rupert Idaho R1

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Plain City, Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME M Hazel Howard

RESIDENCE Rupert Idaho R1

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Phoenix, Ariz

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on 8-7-20, at 20 M. on the date above stated.

(Signature) H R Adams MD

(Physician or midwife)

Address Paul, Idaho

Filed Sept 14 1920 A W Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Benton }

Certificate No. 83673

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby	Virginia Aleeda Sharp

Subscribed and sworn to before me this 23 day of March, 1943

D.D. Nelsen

Notary Public, residing at Prosser

My commission expires 10/21/44

(Seal)

Signed Mrs Austin L Sharp

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Prosser Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash. } ss.
County of Benton }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of March, 1943

D.D. Nelsen

Notary Public, residing at Prosser

My commission expires 10/21/44

(Seal)

Signed Mrs Austin L Sharp

(Signature of Any Credible Person Other Than Previous Year)

Prosser, Wash.

(Street Address, City, State)

APR 5 1943

APR 6 194

419-220-034-236

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 83674

No. ..... St.

Primary Registration District No. 2015 Registered No. 211

Hospital .....

FULL NAME OF CHILD Gwendolyn May Martin

Sex of Child Female | Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 20 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Walter Martin	FULL MAIDEN NAME	May Sophia Mother
RESIDENCE	Rupert Ida R 2	RESIDENCE	Rupert Ida R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	S. Dak	BIRTHPLACE	N. Dak.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was July 20 20 Born alive, at 10.40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Adams, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paul Ida

Filed Sept. 14 1920 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942

432-220-034-141

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 83675

No. ..... St.

Primary Registration District No. 2015 Registered No. 212

Hospital Dorothy

FULL NAME OF CHILD Katharine McKevitt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		2	Yes	July 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Owen McKevitt	FULL MAIDEN NAME	Osceola Adams
RESIDENCE	Paul Ida	RESIDENCE	Paul Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas City	BIRTHPLACE	Springfield Mo
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was July 20-20 born alive at I P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Adams, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Paul Ida

Registrar

Filed Sept. 14 20 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1951

Form V. S. No. 11-C—25m-[illegible]

[illegible] TICS

CERTIFICATE OF BIRTH

City of Paul

Registration District No. 14 File No. 83676

No. ..... St.

Primary Registration District No. 2015 Registered No. 213

Hospital .....

FULL NAME OF CHILD Tomi Hondo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		4	Yes	June 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. M. Hondo	FULL MAIDEN NAME	Sumae Takawichi
RESIDENCE	Rupert, Ida R1	RESIDENCE	Rupert Ida R1
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 10/22/42

I hereby certify that I attended the birth of this child, who was formalive 6-20-20 at 7 a M. on the date above stated. 1 certified copy 6/16/34 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Adams, MD

1 photostat copy 10/29/42 (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paul, Ida

Registrar

Filed Sept. 14 1920 E. D. Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 22 1942

AUG 8 1961

OCT 29 1942

165-104-034-363

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka

CERTIFICATE OF BIRTH

City of ..... Registration District No. 19 File No. 83677

No. ..... St.

Primary Registration District No. 2015 Registered No. 214

Hospital .....

FULL NAME OF CHILD Kenneth Austin Jones.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		3	yes	June 4 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. Austin Jones	Emma Scott
RESIDENCE	Rupert, Idaho R 2	Rupert Idaho R 2
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	32
BIRTHPLACE	Hooper, Utah	Hooper, Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Adams, M.D.

(Physician or midwife)

Address Paul, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 14 1920 E. O. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

298-219-034-669

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 83678

Primary Registration District No. 2014 Registered No. 215

FULL NAME OF CHILD Anna Bryson

Sex of Child Female | Twin Triplet or other? Twin | Number in order of birth 6 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 19 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter Bryson	FULL MAIDEN NAME	Nettie Ford
RESIDENCE	Paul, Idaho	RESIDENCE	Paul, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Pueblo, Colo.	BIRTHPLACE	Marshalltown, Ia
OCCUPATION	Carpenter, Trapper	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-19-20, at 4:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. V. Adams M.D.

(Physician or midwife)

Address Paul, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 14 1920 E. M. Elmore

Registrar

NOV 17 1948

298-119-034-669

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. ..... St.

Hospital .....

Registration District No. 19 File No. 83679

Primary Registration District No. 2015 Registered No. 216

FULL NAME OF CHILD Arnold Bryson

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	Twin and	5	yes	July 19 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Bryson	FULL MAIDEN NAME	Nettie Ford
RESIDENCE	Paul, Ida	RESIDENCE	Paul, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Pueblo Col.	BIRTHPLACE	Marshalltown, Ia
OCCUPATION	Carpenter-Trapper	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 7-19-20 at 4 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Adams, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Paul, Idaho

Filed Sept 14 1920 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 23 1942

386-227-034-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19 File No. 83680

No. ..... St.

Primary Registration District No. 2015 Registered No. 217

Hospital .....

FULL NAME OF CHILD Lenora Thompson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		9	yes	Aug (Month) 27 (Day) 1930 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin Thompson	FULL MAIDEN NAME	Lenora Thompson
RESIDENCE	Paul, Ida	RESIDENCE	Hunyville, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Hooper, Utah	BIRTHPLACE	Hunyville, Utah
OCCUPATION	Night Watchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 8-27-30 at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. V. Adams, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Paul, Idaho

Filed Sept. 14 1930 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-102-034-553

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 83682

Primary Registration District No. 2015 Registered No. 218

FULL NAME OF CHILD Charles John Moon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	R. J. Moon	FULL MAIDEN NAME	La Priel Nelson
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Chihuahua - Mexico	BIRTHPLACE	Yakima - Wash
OCCUPATION	Farmer	OCCUPATION	Bank Clerk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Story Per. P. F.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept. 14 1920 Ett Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-210-034-315

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 83683

Primary Registration District No. 7015 Registered No. 221

FULL NAME OF CHILD Catherine Schaub

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	9 10 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Schaub	Alice Lang
RESIDENCE	Rupert	Rupert
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	24
BIRTHPLACE	Hungary	Hungary
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 7 30 P M. on the date above stated.

(Born alive ~~or stillborn~~)

(Signature) Dr. T. R. Killen

(Physician or midwife)

Address Rupert

Filed 10-8- 1920 E. H. Elmore

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413 - 103 - 034 - 343

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 83684

No. ..... St.

Primary Registration District No. 2015 Registered No. 220

Hospital .....

FULL NAME OF CHILD JACK EDWARD TUTTLE MATHER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	9 (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ray A Mather	FULL MAIDEN NAME	Claire Tuttle
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Oakley Ida
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenney
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 10-8-1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles, }

Certificate No. 83684

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	-- - --	Jack Edward Tuttle Mather

Subscribed and sworn to before me this 10th day of January, 1942.

Notary Public residing at Long Beach, California,
My commission expires September 15th, 1945.
(SEAL)

Signed Clara Tuttle Mather (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

6040 California Avenue, Long Beach, California.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California, } ss.
County of Los Angeles, }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 1942.

Notary Public, residing at Long Beach, California.
My commission expires September 15th, 1945.
(SEAL)

Signed Lucile D. Nye
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1520 East Second Street
Long Beach, California
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 13 1942 By .....
(REGISTRAR'S SIGNATURE)

NOV 1 6 1972

SEP 8 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-216-034-434

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83686

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 223

FULL NAME OF CHILD Ruth V. Garlock.
Numa

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
girl.	(To be answered only in event of plural births)		yes	Sept. 16 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	T. B. Garlock.	FULL MAIDEN NAME	Emma May McDonough.
RESIDENCE	Rupert Ida.	RESIDENCE	Rupert
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Texas.
OCCUPATION	Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 15 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. R. Killen

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Filed 10-8 1920 E. H. Elmore

Registrar

..... Registrar

S-Y-CO. 38071

AUG 1 4 [redacted]

719-115-034-266

PLACE OF BIRTH name added 3/17/81

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of ~~Burley~~ Rupert

Registration District No. 19 File No. 83687

No. ..... St.

Primary Registration District No. 2015 Registered No. 224

Hospital .....

FULL NAME OF CHILD Dean Chaney Garner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 15 1920

FATHER		MOTHER	
FULL NAME	W. C. Garner	FULL MAIDEN NAME	Ethel May Bowen
RESIDENCE	Rupert - Idaho	RESIDENCE	Rupert - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ray - Utah	BIRTHPLACE	Hoytsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 a.m.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Story M. D. Per P. F.

(Physician or midwife)

Address Burley

Given names added from a supplemental report.

..... 19.....

Filed 7-10-8 1920 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-10-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 8 9 40 AM '80

State of _____ } ss.
County of _____

Certificate No. 83687
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Garner (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 15, 1920 (Date of Event)

in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Dean Chancy Garner

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Dean Chancy Garner
Signature of Applicant

Rt 3 Rupert, Idaho 83350
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of CASSIA

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of JANUARY, 1979.

Notary Public, Linda C Baker

Residing at CASSIA County, Idaho

My commission expires 10-1-79

(Seal)

Alfa Ethel Garner Baker
Supporting Signature

Box 223 Rt 2 Burley Idaho 83318
Street Address, City, State

Church record of July 15, 1920 (DOB) shows name as Dean Chancy Garner the son of William Charles Garner and Hannah Ethel Bowen born in Rupert ID. LDS church.
Viewed by VS

Own child's birth certificate showes father's name as Dean C. Garner born in Rupert Idaho. State file # [illegible] 41-447360.
Viewed by VS.

MAR 17 1981

793-110-035-666

Form [redacted]-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Reubens

No. ..... St.

Hospital .....

Registration District No. 92 File No. 83688

Primary Registration District No. 2170 Registered No. 29

FULL NAME OF CHILD ~~Baby~~ Pitts - Alvord C.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Howard Pitts	FULL MAIDEN NAME	Edna Pearl Woods
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mr. Alvord Gore, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Reubens, Idaho

Filed 9 12 1920

E. E. Watts
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-17-41

231-201-035-386

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92

File No. 83689

Primary Registration District No. 2170

Registered No. 27

FULL NAME OF CHILD Wilberta Black

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
T	—		—	Yes	9 (Month) 1 (Day) 1920 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	William A Black	FULL MAIDEN NAME	Mabel Thompson
RESIDENCE	Gifford Ida	RESIDENCE	Gifford Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wis
OCCUPATION	farmer	OCCUPATION	hwfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9-1-1920

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-103-035-212

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Southwick Idaho

Registration District No. 92 File No. 83690

No. ..... St.

Primary Registration District No. 2170 Registered No. 30

Hospital ..... Stanley

FULL NAME OF CHILD Stanley Martin Wright

Sex of Child Male | Twin Triplet or other? 1 and Number in order of birth 4 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Darl D. Wright	FULL MAIDEN NAME	Lottie Baker
RESIDENCE	Southwick Idaho	RESIDENCE	Southwick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	West Vrg.	BIRTHPLACE	Idaho.
OCCUPATION	Framer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stoneburner M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Leland Idaho

Filed 10-7 1920 E. E. Watts

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 22, 1941. E.M.

265-111-035-256

PLACE OF BIRTH

County of Nez Perce

City of Culdesac Idaho.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-1

CERTIFICATE OF BIRTH

Registration District No. 128

File No. 83691

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ~~Culdesac Hospital~~ Carl Bond CARL ELDON BOND

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
				yes	9	11	1920

FATHER

FULL NAME James R. Bond

RESIDENCE Culdesac Idaho

COLOR White AGE AT LAST BIRTHDAY 52 (Years)

BIRTHPLACE Georgia

OCCUPATION Section Foreman

MOTHER

FULL MAIDEN NAME Ora Lewell

RESIDENCE Culdesac Idaho.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Georgia

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 20 George Gaignard MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Polk } ss.

Certificate No. 83691

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Carl Bond (Name on Original Certificate) who born (Was Born or Died) on Sept. 11, 1920 (Date of Event)
in Culdesac (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Sept 11, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Carl	Carl Eldon Bond

Subscribed and sworn to before me this 17th
day of September, 1942

Notary Public, residing at Monmouth Oregon
NOTARY PUBLIC FOR OREGON
My commission expires
(Seal) MY COMMISSION EXPIRES MAY 10, 1943

Signed Mrs Annie Esra Bond
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
190 South East 1st
Monmouth Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed Mrs Edwina Jensen
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

532 M24-035-515

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 92

Primary Registration District No. 2170

File No. 83692

Registered No. 30

FULL NAME OF CHILD Elbon Earl Marvin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	9 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam Elbon	Bertha Van Ostadalen
RESIDENCE	Culdesac	Culdesac
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Ohio	Neb
OCCUPATION	farmer	wife

Number of child of this mother, including present birth 8. Number of children of this mother now living, including present birth 8.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 9-25 1920

E. E. Watts
Registrar

APR 27 1942

NOV 15 1965

713-116-035-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Near Culdesac Ida.

Registration District No. 128 File No. 83695

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital ..... Culdesac & Vicinity

FULL NAME OF CHILD Harley Oliver Gates

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wilber H. Gates	FULL MAIDEN NAME	Marcia Strong
RESIDENCE	Culdesac Idaho	RESIDENCE	Culdesac Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Culdesac Idaho

Filed Sept 1920 George Gaignard M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1942

493 - 205 - 035 - 493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston. Registration District No. 96 File No. 83696

No. ..... St.

Hospital St Joseph. Primary Registration District No. 109 Registered No. 541

FULL NAME OF CHILD Dorothy Marion Miller.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				No.	Sept 5 1920.

FATHER

FULL NAME Richard Lamberty.

RESIDENCE Seattle, Wash.

COLOR White. AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Washington

OCCUPATION Drummer

MOTHER

FULL MAIDEN NAME Florence Miller.

RESIDENCE Walla Walla Wash.

COLOR White. AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Washington

OCCUPATION Seamstress

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) E G Braddock

(Physician or ~~midwife~~)

Address Lewiston, Ida.

Filed Oct - 5 1920 Noam E Bruce Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-112-035-997

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital Whites

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 96 File No. 83697

Primary Registration District No. 1009 Registered No. 542

FULL NAME OF CHILD Robert Bernard Hamilton

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	yes	9 (Month) 12 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Hamilton	FULL MAIDEN NAME	Delphia Riggle
RESIDENCE	Lewiston Idaho.	RESIDENCE	Lewiston Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

By R. C. Pauley (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston

Filed Oct 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1945

318-212-035-265

PLACE OF BIRTH name amended 3/27/81

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. _____ St.

Hospital St Joseph

Registration District No. 96 File No. 83698

Primary Registration District No. 1009 Registered No. 543

FULL NAME OF CHILD Joyce Euberta Taylor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 12 1920

FATHER		MOTHER	
FULL NAME	Lyle C. Taylor	FULL MAIDEN NAME	Ethel H. Bonner
RESIDENCE	Clarkston Wash.	RESIDENCE	Clarkston Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	West Virginia
OCCUPATION	General Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 11:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N Alley

(Physician or Midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Lewiston Idaho

Filed Oct 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 23 2 32 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Umatilla }

Certificate No. 83698
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joy Huberta Taylor (Name on Original Certificate) who was born (Was Born or Died) on Sept 12, 1920 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Joy Huberta Taylor	Joyce Euberta Taylor

Subscribed and sworn to before me this 25th day of June, 1975
[signature]
Notary Public, residing at Milton Freewater, Ore
My commission expires 3-27-79
(Seal)

Signed [signature] (Father)
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt # 2 Box 188-A Milton Freewater Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Umatilla }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of June 26, 1975
Laurel D. Weatherman
Notary Public, residing at M-Flaregon
My commission expires 2-1-79
(Seal)

Signed Jeanne Clarice Megy (Sister)
(Signature of Any Credible Person)
Route 2 Box 188 Milton Freewater, Ore,
(Street Address, City, State)

FORM DH 60-155 CL 1/31/75

Own xxxx'son's birth certif on file in Idaho (#358999) gives name as Boyd Eberhardt born Sept. 17, 1942 at Lewiston, father's nameas Boyd Eberhardt and the mother's xixx name as Joyce Euberta Taylor. viewed by V. S. MAR 27 1981

X Daugh er's birth certif. on file in Idaho gives name as Sarita Joyce Eberhardt born Oct. 15, 1948 at Lewiston. father's nameas Boyd Eberhardt and mother's name as Joyce Euberta Taylor. # 48-13860. Viewed by .V. S.

339 ! 28-035-168
PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston. Registration District No. 96 File No. 83699

No. ..... St.

Hospital St Joseph. Primary Registration District No. 1009 Registered No. 5-44

FULL NAME OF CHILD Miriam Helen Crawford.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Sept 18 1920.

FATHER		MOTHER	
FULL NAME	William L. Crawford	FULL MAIDEN NAME	Clara G. Johnson.
RESIDENCE	Peck Idaho.	RESIDENCE	Peck Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30. (Years)	AGE AT LAST BIRTHDAY	30. (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:30 P.M. on the date above stated.

(Signature) John N. Ackley

(Physician or Midwife)

Address Lewiston Idaho

Filed Oct 8 1920 Susan E Bruce
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-224-035-395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston Ida. Registration District No. 96 File No. 83700

No. ..... St.

Hospital St. Joseph. Primary Registration District No. 1009 Registered No. 543

FULL NAME OF CHILD Geraldine Farnish.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes.	Sept 24 1920.

FATHER		MOTHER	
FULL NAME	Bruce Farnish.	FULL MAIDEN NAME	Maud Trent.
RESIDENCE	Asotin Wash.	RESIDENCE	Asotin Wash.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Washington.	BIRTHPLACE	Washington.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Stillborn~~), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) E G Braddock

(Physician or ~~Midwife~~)

Address Lewiston Idaho

Filed Oct 8 1920 Rosa E Bruce Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1942

OCT 23 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 369-125-035-362

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 83701

No. ..... St.

Primary Registration District No. 1009 Registered No. 546

Hospital Waites

FULL NAME OF CHILD Robert Henry Lorang

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	9 (Month) 25 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Lorang	FULL MAIDEN NAME	Margaret Lobin
RESIDENCE	Genesee Ida.	RESIDENCE	Genesee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Neb.
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White
By Roy C. Pauley
(Physician or midwife)

Given names added ~~from a~~ supplemental report.

..... 19.....

Address Lewiston Ida

Filed Oct 8 1920 Susan E. Bruce
Registrar

Registrar

OCT 2 1947

12-12-41

315-225-035-264

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83702

County of Nez Perce

City of Taplin

No. ..... St.

Hospital .....

Registration District No. 95 File No. .....

Primary Registration District No. 1009 Registered No. 547

FULL NAME OF CHILD Captola Levander

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Virgil J Lavender	FULL MAIDEN NAME	Minnie J. Bough
RESIDENCE	Taplin Idaho	RESIDENCE	Taplin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born [redacted] stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Alley

(Physician or [redacted])

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston Idaho

Filed Oct 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Act No.

367-216-035-259

PLACE OF BIRTH

AMENDED AUGUST 2, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____ St.

Registration District No. 96 File No. 83703

Hospital St. Joseph Primary Registration District No. 1009 Registered No. 518

FULL NAME OF CHILD Josephine Agnes Coffey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Sept. 16, 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Joseph Coffey	FULL MAIDEN NAME: Helen Geisaker
RESIDENCE: Lewiston, Idaho	RESIDENCE: Lewiston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ills.	BIRTHPLACE: Ills.
OCCUPATION: Yard Master	OCCUPATION: Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:55 A. M. on the date above stated.

(Signature) W. F. McMahan

M.D.
(Physician or midwife)

Address Lewiston, Idaho

Filed Oct. 8, 1920 Susan E. Bruce
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

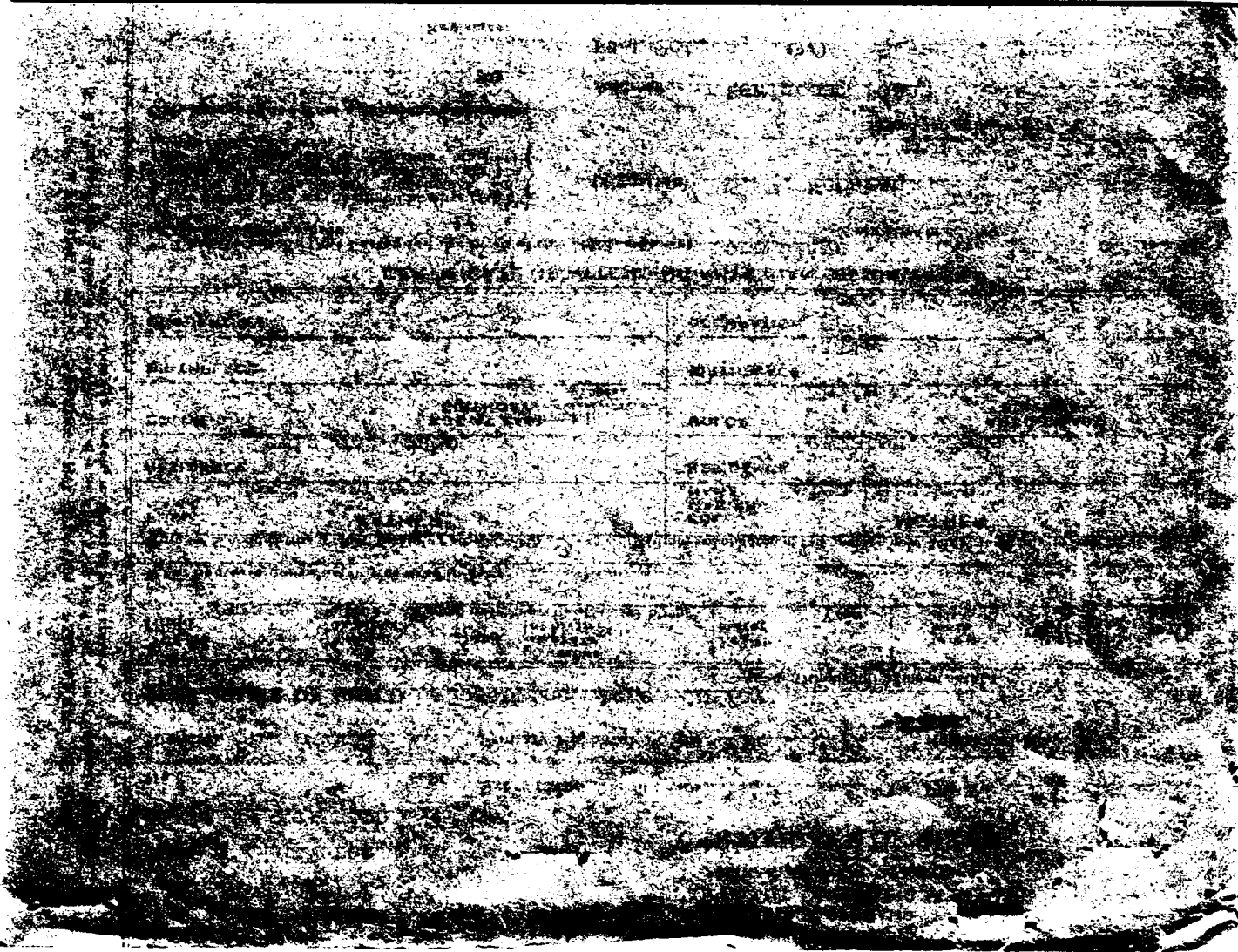
Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

Certificate No. 83703

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Josephine Agnes Coffee (Name on Original Certificate) who was born (Was Born or Died) on September 16, 1920 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Coffee	Coffey

Subscribed and sworn to before me this 22nd day of July, 1954

Notary Public, residing at Lewiston Idaho
My commission expires Aug. 15, 1954
(Seal)

Signed Mrs Helen Coffey Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ruth V. Akins
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of July, 1954

Notary Public, residing at Lewiston, Idaho
My commission expires Aug. 15, 1954
(Seal)

Signed George F. Mitchell
(Signature of Any Credible Person)

535 - Stuart Ave - Lewiston Ida.
(Street Address, City, State)

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

693-222-035-967

County of Nez Perce

City of Lewiston

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. H-O-25m-9-[illegible]

Registration District No. 96 File No. 58704

No. ..... St.

Primary Registration District No. 1009 Registered No. 549

Hospital St Joseph

FULL NAME OF CHILD Evangeline Fite

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes.	9-22

FATHER		MOTHER	
FULL NAME	Marcus S. Fite	FULL MAIDEN NAME	Gunda Rogustad
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 55 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Minn.
OCCUPATION	Chiropractor	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:40 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston, Ida.

Filed Oct 8 1920 Susan E. Bruce

Registrar

Registrar

OCT

536-223-035-719

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1617 - 11th Elwood St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 96 File No. 83705

Primary Registration District No. 1009 Registered No. 55-0

FULL NAME OF CHILD Elwood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9 (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Floy Elwood	FULL MAIDEN NAME	Harry Parke
RESIDENCE	Walla Walla, Wash.	RESIDENCE	Walla Walla, Wash
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Walla Walla, Wash	BIRTHPLACE	Asotin, Wash
OCCUPATION	Auto Demonstrator	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Lewiston Idaho

Filed Oct 8 1920 Susan E Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-226-035-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce,

City of Lewiston.

Registration District No. 96 File No. 83706

No. ____ St.

Hospital St Joseph

Primary Registration District No. 1009 Registered No. 5-6-1

FULL NAME OF CHILD Fleschinger

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Sept 26 1920

FATHER		MOTHER	
FULL NAME	Joseph N. Fleschinger	FULL MAIDEN NAME	Sophia Wolf.
RESIDENCE	Peola Wash.	RESIDENCE	Peola Wash.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 10:55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) D. B. Carson

(Physician or midwife)

Address Lewiston Idaho

Filed Oct 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315 - 216 - 035 - 685

Amended Nov 1, 1962

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83707
Local Reg. No. 552
Reg. Dist. No. 95

1. PLACE OF BIRTH

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): St. Josephs

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Marguerite b. (Middle): Lois c. (Last): Canter

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): September 16, 1920

FATHER OF CHILD

7. FULL NAME a. (First): Harrison b. (Middle): A. c. (Last): Canter

8. COLOR OR RACE: White

9. AGE (At time of this birth): 53 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): North Carolina

11a. USUAL OCCUPATION: Merchant

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ellen b. (Middle): c. (Last): Wheatcroft

13. COLOR OR RACE: White

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): England

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. Carrsow

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Lewiston, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct 8, 1920

20. REGISTRAR'S SIGNATURE: Susan E. Bruce

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss. Certificate No. 83707

County of Spokane } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Canter (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 26, 1920 (Date of Event)

in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by I was there (Bible Record, Insurance Policy, Etc.) prepared on Sept 16, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marguerite Lois Canter
Child's Date of Birth	Sept. 26, 1920	September 16, 1920

Subscribed and sworn to before me this 9 day of October, 1962

Elva M. Johnson

Notary Public, residing at Spokane, Wash

My commission expires July 20, 1964

(Seal)

Signed Bruce A. Halverson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E 3413 Grace Spokane Wn

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of October, 1962

[illegible]

Notary Public, residing at Spokane

My commission expires August 19, 1964

(Seal)

Signed Mrs Marjorie A. Vorsgren

(Signature of Any Credible Person)

909 E-34th Spokane, Wash.

(Street Address, City, State)

CL 10-5-62 nm

Hospital Certificate of Birth for own child born at the Sacred Heart Hospital, Spokane, Washington July 28, 1944. gives mother's name as Marguerite Lois Canter born September 16, 1920 at Lewiston, Idaho. viewed by V.S.

Insurance Policy, California Western States Life Ins. Co. Sacramento California dated March 15, 1941 gives name as Marguerite Lois Cloninger (Father Harry Andrew Canter) born September 16, 1920 in Idaho. viewed by V.S.

593-128-035-432

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 83708

No. ..... St.

Primary Registration District No. 1009 Registered No. 553

Hospital Whites

FULL NAME OF CHILD Joseph Hammond Nichols

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes.	9 (Month) 28 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. G. Nichols	FULL MAIDEN NAME	Virginia McKinley
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Arkansas.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

By R C Pauley (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 8 1920 Susan E Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1942

515-128-035-457

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St Joseph

Registration District No. 96 File No. 83709

Primary Registration District No. 1009 Registered No. 554

FULL NAME OF CHILD Cassius, C. Van Arsdel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 28 1920

FATHER		MOTHER	
FULL NAME	Frederick Ward Van Arsdel	FULL MAIDEN NAME	Bessie Blanche ~~Van~~ DeGaw
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Wn.	BIRTHPLACE	Canada
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida.

Filed Oct 8 1920 Susan E Bruce

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-230-035-814

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 83710

No. ..... St.

Primary Registration District No. 1009 Registered No. 555

Hospital .....

FULL NAME OF CHILD Laura Jane Hopkins

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes.	Sept 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jason Hopkins.	FULL MAIDEN NAME	Dolly Hadley
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lewiston Ida

Filed Oct 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859 - 203 - 035 - 291

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-1-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perces

City of Gifford

No. ..... St.

Registration District No. 92

File No. 83711

Primary Registration District No. 2170

Registered No. 28

Hospital .....

FULL NAME OF CHILD Dorothea Anna Heitman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	9 3 1920

FATHER		MOTHER	
FULL NAME	Louis E Heitman	FULL MAIDEN NAME	Mary Brammer
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	keeps

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 9-3-

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 9-3 1920

E E Watts
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 26 1957

689-116-035-295

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Spalding

No. ..... St.

Hospital .....

Registration District No. 97 File No. 83712

Primary Registration District No. 2174 Registered No. 19

FULL NAME OF CHILD Wilbur Wayne Whitlock.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Sept. 16 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eben Whitlock	FULL MAIDEN NAME	Nora Kress.
RESIDENCE	Spalding	RESIDENCE	Spalding.
COLOR	White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 05 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. H. Habel

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lapwai

Filed Sept. 20 1920

William P. H. Habel.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 - 208 035 - 799

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Webb —

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 83713

Primary Registration District No. 3174 Registered No. 18

FULL NAME OF CHILD Helen Marjorie Painter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Sept 8 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Painter	Hazel Griffith
RESIDENCE	Webb	Webb
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Indiana	Indiana
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) William P. H. Habel M.D.

(Physician or midwife)

Address Lapwai

Filed Sept. 10 1920 William P. H. Habel. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

JUN 27 1944

152-106-035-699

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Key Bree

City of Sweetwater

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 83714

Primary Registration District No. 2174 Registered No. 17

FULL NAME OF CHILD Eldred - Eugene - Anthony

Sex of Child male | Twin Triplet or other? 2 | and | Number in order of birth 2 | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. 6 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles Anthony	FULL MAIDEN NAME	Goldie Wright
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21	COLOR	White	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William P. Hatch M.D.

(Physician or midwife)

Address Lapwai Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 10 1920

William P. Hatch.

Registrar

DEC 30 1943

316 - 202-035-366

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

County of Nezperce

City of Culdesac

Registration District No. 97 File No. 83715

No. ..... St.

Primary Registration District No. 2174 Registered No. 16

Hospital .....

FULL NAME OF CHILD ERMA DEAN Law

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 2 1925

FATHER	MOTHER
FULL NAME Walter L Law	FULL MAIDEN NAME Stella Anna Coffland
RESIDENCE Culdesac	RESIDENCE Culdesac
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Pullman, Wn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Mrs Grant Hamblen

(Physician or midwife) nurse

Address Culdesac Idaho

Filed Oct. 20 1925 William [illegible]

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

514-208-036-33 (Be sure the information is complete and accurate)

State File No. 83716
Local Reg. No. 163
Reg. Dist. No. 26

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 3-20-68

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Ada b. (Middle): Carrie c. (Last): Vaughan

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): August 8, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Thomas b. (Middle): Edwin c. (Last): Vaughan

8. AGE (At time of this birth): 50 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Malad, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Carrie b. (Middle): c. (Last): Clark

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Portage, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Kerns

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 7, 1920

22. REGISTRAR'S SIGNATURE: R. T. Mauer, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ... the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

MAR 2 0 1968

Bureau of Vital Statistics

State of Idaho
County of Bonneville } ss.

Certificate No. 83716

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ada Carrie Vaughn (Name on Original Certificate) who was born (Was Born or Died) on Aug. 8, 1920 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Vaughn	Vaughan
Father's Last Name	Vaughn	Vaughan

Subscribed and sworn to before me this 13th day of March, 1968

Notary Public, residing at Idaho Falls, Idaho

My commission expires Jan. 20, 1970

(Seal)

Signed Carrie A Vaughan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

294 West Pine, Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1968

Notary Public, residing at Idaho Falls, Idaho

My commission expires Jan. 20, 1970

(Seal)

Signed
(Signature of Any Credible Person)

726 Orford Idaho Falls, Idaho
(Street Address, City, State)

CL 1-10-68. one copy pd.

FORM DH 60-155

Family Record, Appears old,gives name as Thomas Edwin Vaughan, born Sept. 26, 1868, at Malad, Oneida Co. - viewed by V.S.

Marriage Certificate for Thomas Edwin Vaughan and Carrie A. Green, married June 4, 1914, Ogden, Utah - viewed by V.S.

Certificate of Diploma, Albion State Normal School, Albion, Idaho, gives name as Ada C. Vaughan, dated June,7, 1940 - viewed by V.S.

Marriage Certificate for Don Gleed and Ada Vaughan, married June 7, 1941, ~~sixxes~~ at Malad, Onieda Co., Idaho = viewed by V.S.

165-111-036-443

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83717

Primary Registration District No. 2064 Registered No. 164

FULL NAME OF CHILD Milton Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	8 (Month) - 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jerry Jones	FULL MAIDEN NAME	Alice Mullen
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Butte Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 5:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad Ida

Filed Oct 7 1920 R T Maues M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B.

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Malad R#1

Registered No.

Street and House No.

Registration Dis

County Oneida

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

I Hereby Certify that the chi

Sex of Child male

Date of Birth 8 11 1920
MONTH DAY YEAR

been named:

Milton Jon
GIVEN NAME IN FULL

Father Jerry L. Jones
FULL NAME

as reported by
FATHER OR M

Mother Alice Mullen
FULL MAIDEN NAME

P. T. M
LOCAL REGIST

MARGIN RESERVED FOR BINDING

FEB 6 1987

t. No. 26

ld described h

SURNAME

OTHER

RAR

269-124-036-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Arbon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83718

Primary Registration District No. 2069 Registered No. 165

FULL NAME OF CHILD Pierce Ammon Sorenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 24 1920

FATHER		MOTHER	
FULL NAME	Ammon Ambrose Sorensen	FULL MAIDEN NAME	Cora Nancy Hardman
RESIDENCE	Arbon Idaho	RESIDENCE	Arbon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mendon Utah	BIRTHPLACE	Mendon Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clew Ardleighm

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Oct 7 1920 R T Mauer MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 1921
OF VITAL
STICS

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Rec'd 4/17/21

Place of Birth

City Arbon

Street and House No.

County Oneida

Registered No. 165

Registration Dist. No. 26

Sex of Child male

Date of Birth Aug (MONTH) 24 (DAY) 1920 (YEAR)

Father A. A. Sorenson (FULL NAME)

Mother C. N. Hadman (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Eirik Ammon Sorensen
(GIVEN NAME IN FULL) (SURNAME)

as reported by A. A. Sorensen
(FATHER OR MOTHER)

R. J. Mauer M. D.
(LOCAL REGISTRAR)

955-201-0 36-493

Form V. S. No. 1173—35m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83719

Primary Registration District No. 2069 Registered No. 166

FULL NAME OF CHILD Betty Lou Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 1 1920

	FATHER	MOTHER
FULL NAME	Richard M Reese	FULL MAIDEN NAME Viola Miller
RESIDENCE	Malad	RESIDENCE Malad
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	39 (Years)	40 (Years)
BIRTHPLACE	Samaria	BIRTHPLACE Ohio
OCCUPATION	Farming	OCCUPATION Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3:45 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed Oct 7 1920

R T Mauer M D
Registrar

239-102-036-652

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of child, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83720

Primary Registration District No. 2069 Registered No. 167

FULL NAME OF CHILD Alvin C. Strong

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 2 1920

FATHER		MOTHER	
FULL NAME	Clyde J. Strong	FULL MAIDEN NAME	Mary J. West
RESIDENCE	Holbrook, Idaho	RESIDENCE	Holbrook, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 30 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) R. T. Mercer M.D.

Physician
(Physician or midwife)

Address Malad Idaho

Filed Oct 7 1920 R. T. Mercer M.D.
Registrar

SEP 25 1941

965-103-036-713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83721

Primary Registration District No. 2069 Registered No. 168

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Ray Roe	FULL MAIDEN NAME	Lola Eliza Pack
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Stone Idaho	BIRTHPLACE	Deseret Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Ardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Oct 7 1920 R T Maner M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

539-103-036-343

PLACE OF BIRTH name added 3-8-83

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 26 File No. 83722

Primary Registration District No. 2069 Registered No. 169

FULL NAME OF CHILD Ray Chester Eliason

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 3rd 1920

FATHER		MOTHER	
FULL NAME	Chester Augusta Eliason	FULL MAIDEN NAME	Jennie Leora Cutler
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Stone Idaho	BIRTHPLACE	Brigham City Utah
OCCUPATION	Farmer & Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ken Wardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Registrar

Filed Oct 7 1920 R T Maier M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-3-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss.
County of _____ }

MAR 4 4 17 PM '83

Certificate No. 83722
Date Filed 3-3-83

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Eliason (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 3, 1920 (Date of Event)

in Stone (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ray Chester Eliason

Subscribed and sworn to before me this 3rd day of March, 1983

Notary Public, Gail D. Williams

Residing at Malad, Id. 83252

My commission expires 3-9-86

(Seal)

X Rhea L. Williams
Signature of Applicant

204 Samaria Ln Malad Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Marriage Certificate form State of Utah County of Salt Lake gives Ray Chester Eliason and Neva Lewis were married on 4-8-42 in Salt Lake City Temple. Viewed by V.S.

MAR 8 1983

Notice of Separation from U.S. Naval Service gives Ray Chester Eliason was discharged on April 8, 1946. Viewed by V.S.

363-203-036-355

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone Idaho

Registration District No. 26 File No. 83723

No. ..... St.

Primary Registration District No. 2064 Registered No. 170

Hospital .....

FULL NAME OF CHILD Vera Cottle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 3rd (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter Cottle	FULL MAIDEN NAME	Helena Cordelia Lee
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Farr West Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Wardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Sept 7 1920 R. Maurer M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

L.D.S. Church Cert. of Baptism and Cofirmation, photo copy of orr., dated Nov. 25, 1928 gives full name as Vera Cottle, born Sept. 2, 1920 at Stone, Idaho - daughter of Walter D. Cottle and Helena C. Lee - viewed by V.S. Photo Copy of Public School Report Card, Cache County School District, Utah gives full name of student as Vera Cottle, grade 4, Trenton School, school year 1930-31 promoted to 5th grade May 15, 1931 - teacher Connie Schiess - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED NOV 20 1963 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss. Certificate No. 83723
County of Contra Costa } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on September 3, 1920 (Date of Event)

in Stone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism & School Records (Bible Record, Insurance Policy, Etc.) prepared on Nov. 25, 1928 - Years 1931, 1932, 1933, 1934 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Vera Cottle

Subscribed and sworn to before me this 18th day of November 1963

[signature]

Notary Public, residing at Pittsburg, Calif.

My commission expires H. W. OAKES, Notary Public
(Seal) My Commission Expires Feb. 3, 1967

Signed Walter D. Cottle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

DEC 2 1963

751-205-036-557

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83724

Primary Registration District No. 2069 Registered No. 171

FULL NAME OF CHILD FRANCES PEABODY

Sex of Child female | Twin / Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Isaac Peabody	FULL MAIDEN NAME	Alice K Evans
RESIDENCE	Malad, Idaho	RESIDENCE	Malad, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:22 a. M. on the date above stated.

(Signature) R. J. Mauer M.D.

Physician

(Physician or midwife)

Address Malad, Idaho

Filed Sept 30 1920 R. J. Mauer MD Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida }

Certificate No. 83724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frances Peabody (Name on Original Certificate) who Was Born (Was Born or Died) on Sept. 5- 1920 (Date of Event)
in Malad City Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 5- 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances Peabody

Subscribed and sworn to before me this 22nd day of June, 1942

Jno. W. Clark.
Notary Public, residing at Malad City, Ida

My commission expires 6/11/1944
(Seal)

Signed Isaac Peabody
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1942

Jno. W. Clark.
Notary Public, residing at Malad City, Ida

My commission expires 6/11/1944
(Seal)

Signed William P. Jones
(Signature of Any Credible Person Other Than Previous Year)

Malad City Idaho
(Street Address, City, State) 500 N 2 E

JUN 24 1942

APR 20 1972

JUN 26 1942

395-207-036-695

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH, Amended Child's Full Name 4-26-2005 LMC

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 83725

No. ..... St.

Primary Registration District No. 2069 Registered No. 172

Hospital .....

FULL NAME OF CHILD DORIS FRANCIS TINKER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 7 1920

	FATHER	MOTHER
FULL NAME	Jesse Tinker	FULL MAIDEN NAME Gladys L Winters
RESIDENCE	Twin Falls	RESIDENCE Twin Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE U.S.A.
OCCUPATION	Carpenter	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J E Alton

Physician

(Physician or midwife)

Address Malad

Filed Oct 1 1920 R M Mann M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
VITAL STATISTICS
2005 APR -7 AM 8:53

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 20-83725
Date Filed October 7, 1920

The undersigned does solemnly swear that certain facts on the certificate of **birth** (Birth, Death, Marriage, etc.)

for baby girl Tinker (Name on Original Certificate) who was born (Was Born, Died, etc.) on September 7, 1920 (Date of Event)

in Malad (Oneida Co.) (Place of Event)	are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's name	unnamed	Doris ~~Frances~~ Francis Tinker

Subscribed and sworn to before me this 1 day of April

Notary Public, [signature]

Residing at Columbia Falls

My commission expires (Seal) 10-30-06

[signature]
Signature of Applicant

530 [illegible] Col. Falls Mt.
Street Address, City, State and Zip

STATE OF MONTANA
SEAL
GARY L. SPARR
DIVISION

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐ **)** _____
(Is not necessary ☒ **)** _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires (Seal) _____

_____
Signature of Applicant

_____
Street Address, City, State and Zip

03-28-05

OR BIRTH CERTIFICAT 38-181 FOR EDNA CHRISTINE ELLISON BORN SEPT 14, 1938 IN CORVALLIS (BENTON CO) SHOWING MOTHER'S NAME AS DORIS FRANCIS TINKER VIEWED BY VS

Certificate of Vital Record Return of Marriage for Hubert Leroy Ellison and Doris Francis Tinker married on 2-23-1938 in Corvallis, Oregon. Viewed by VS

991-208
036-142 Amended 7/20/71

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of [redacted] Arbon Ida

Registration District No. 26 File No. 83726

No. ..... St.

Primary Registration District No. 2069 Registered No. 173

Hospital .....

FULL NAME OF CHILD Ethel Irene Izatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 - 8 1920

FATHER		MOTHER	
FULL NAME	Alex Izatt.	FULL MAIDEN NAME	Eva Aubder
RESIDENCE	Arbon Ida.	RESIDENCE	Arbon Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Logan utah	BIRTHPLACE	Hyrum utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida.

Registrar

Filed Oct 7 1920

R. F. Maier M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1971

5-21-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 16 1971
Bureau of Vital Statistics

State of Utah } ss.
County of Cache }

Certificate No. 83726

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Izatt (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8 1920 (Date of Event)

in Arbon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Ethel Irene Izatt
Sex of child	male	female

Subscribed and sworn to before me this 10th day of June, 1971

Notary Public, residing at Logan, Cache Co. Utah

My commission expires 5-15-73

(Seal)

Signed Mark T. Izatt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

131 So 3rd E. Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June, 1971

Notary Public, residing at Logan, Cache, Co. Utah

My commission expires 5-15-73

(Seal)

Signed Elaine Izatt Wilkinson
(Signature of Any Credible Person)

420 E 400 N. Logan Utah
(Street Address, City, State)

FORM DH 60-155 2 cps pd rec # 15427 (1 card) C.C.

Marriage Certificate from State of Utah gives groom;s name as Verne William Dahnke and the Bride's name as Irene Izatt Osguthorpe. Dated Dec. 28, 1953. Signed by Douglas Thomsen. Viewed by V. S.

JUL 20 1971

Insurance Policy from Occidental Life Insurance Company of California gives insured's name as Ethel Irene Dahnke. Age 42. Date of Issee Oct. 12, 1963. Viewed by V. S.

Certificate of Blessing from LDS Church gives name as Ethel Irene Izatt saughter of Alex Izatt and Eva Anlders. Born Sept. 8th, 1920 at Arbon, Idaho. Was Blessed November 7, 1920 by Bp. Joseph Benson. Signed by Joseph Benson, Bishop. Viewed byVS

114 - 211-036-551

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83727

County of Oneida

City of Malad — Registration District No. 26 — File No.

No. ____ St. — Primary Registration District No. 2069 — Registered No. 174

Hospital ____

FULL NAME OF CHILD HANNAH DEON James

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 11 1920

FATHER		MOTHER	
FULL NAME	Morgan James	FULL MAIDEN NAME	Minnie Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

(Signature) F Alton Thompson

(Physician or midwife)

Address Malad

Filed Oct 7 1920 — R O Mauer M D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

JAN 18 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, JAN 10 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad R.F.D. No. 1.

Place of Birth — Street: .....

Place of Birth — County: Oneida

File Number: 96446 5

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: September 11 1920

Father: Morgan James
Full Name

Mother: Annie L. Evans
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Hannah LeRon James
Child's Name in Full

Annie L. James
Signature of Father or Mother

JUN 10 1949

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

Certificate No. 83727

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Hannah D. James (Name on Original Certificate) who Was Born (Was Born or Died) on Sept. 11, 1920 (Date of Event)

in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Receipt (Bible Record, Insurance Policy, Etc.) prepared on April 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Hannah D. James	Hannah Deon James

Subscribed and sworn to before me this _____ day of _____, 194_.

_____
Notary Public, residing at Logan Ut.

My commission expires _____
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs. Annie Evans James
(Street Address, City, State)
135 East Center, Logan, Ut.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19_____.

_____
Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

415-114-036-693

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83728

Primary Registration District No. 2069 Registered No. 175

FULL NAME OF CHILD Frank W. Mansfield

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Mansfield	FULL MAIDEN NAME	Mary J Williams
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Samaria	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Oct 7 1920 R T Maner MD Registrar

DEC 26 1956

693-215-036-165

Form V.S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83729

Primary Registration District No. 2069 Registered No. 176

FULL NAME OF CHILD ALICE WILLIAMS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		First	Yes	Sept 15 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Williams	FULL MAIDEN NAME	Birth L Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Garage business	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Oct 7 1920 R O Manes M.B.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Oneida } ss.

Certificate No. 83729

Date Filed June 26-1943

The undersigned does solemnly swear that certain facts on the certificate of Burn Sept. 16- 1920 (Birth or Death)
for Alice Williams ~~Burden~~ (Name on Original Certificate) who Burn (Was Born or Died) on Sept. 16- 1920 (Date of Event)
in Malad City Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy prepared on ....., (Give Date) are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alice Williams
(Which twin is this - 1st or 2nd)		1st

Subscribed and sworn to before me this 21
day of July, 1943

John R. McAuley
Notary Public, residing at Malad, Idaho

My commission expires Clerk of the District Court
(Seal)

Signed Bertha Williams, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

JUL 26 1943

693-215-036-465

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83730

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 177

Hospital

FULL NAME OF CHILD

Sex of Child Female | Twin Triplet or other? X and Number in order of birth Second (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin Villeacus	FULL MAIDEN NAME	Bertha L Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Garage business	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Malad

Filed Oct 7 1920

R T Maurer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-215-036-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 83731

Primary Registration District No. 2069 Registered No. 178

FULL NAME OF CHILD SarahMargaret Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed. B. Thomas	FULL MAIDEN NAME	Ellen Woodland
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white AGE AT LAST BIRTHDAY 49 (Years)	COLOR	white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R T Maier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Malad

Registrar

Filed Sept 30 1920 R T Maier Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 17 1922
BUREAU OF VITAL STATISTICS
JAN 10 196

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Malad City
Street: 7
County: Oneida

File Number: 101621

Registration Dist. No.: 1

Date of Birth: September 15 1922

Sex of Child: Female

Father: Edward K. [illegible]
Full Name

Mother: Nancy Ellen Woodland
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Sarah Margret Thomas
Child's Name in Full

Nancy Ellen Thomas
Signature of Father or Mother

REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-219-036-553

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

Registration District No. 26 File No. 88732

No. ..... St.

Primary Registration District No. 2069 Registered No. 179

Hospital .....

FULL NAME OF CHILD Afton V Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 17 1920

FATHER	MOTHER
FULL NAME Clay V Bennett	FULL MAIDEN NAME Jennie V Nelson
RESIDENCE Holbrook	RESIDENCE Holbrook
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2309 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

(Physician or ~~midwife~~)

Address Malad

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 7 1920

A T Mauer M D
Registrar

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

Place of Birth: City Holbrook

Street and House No.

County Oneida

Registered No. 179

Registration Dist. No.

Sex of Child female

Date of Birth Sept 17 1920
MONTH DAY YEAR

Father Chas R Bennett
FULL NAME

Mother Jennie N Nelson
FULL MAIDEN NAME

I Hereby Certify that the child descri
has been named:

Afton N Ben
GIVEN NAME IN FULL SU

as reported by Chas R Be
FATHER OR MOTHER

R T Mauer
LOCAL REGISTRAR

83732

26

bed herein

mett

RNAME

mett

N.D.

799-217-036-253

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 83733

Primary Registration District No. 2064 Registered No. 180

FULL NAME OF CHILD Ila May Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Sept 17 1920

FATHER		MOTHER	
FULL NAME	Josiah D. Price	FULL MAIDEN NAME	Theresa Irene Kelley
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R T Maurer M.D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad, Idaho

Filed Oct 7 1920 R T Maurer M.D Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 15, 1940. E.W.

JAN 15 1952

OCT 24 1973

314-119-036-89K

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH
name added 8-24-81
County of Oneida
City of Malad
No. ..... St.
Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83734
Primary Registration District No. 2069 Registered No. 181

FULL NAME OF CHILD Joseph Alden Camp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept 19 1920

FATHER		MOTHER	
FULL NAME	W. P. Camp Jr.	FULL MAIDEN NAME	C. Violet Draper
RESIDENCE	Malad Idaho	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 05 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) R. T. Mauer M.D.
Physician
(Physician or midwife)
Address Malad Idaho

Filed Oct 7 1920 R. T. Mauer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

XX
9/15/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH } ss. Rec'd 8-3-81 Certificate No. 83734

County of SALT LAKE } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Camp (Name on Original Certificate) who was born (Was Born or Died) on 9/19/20 (Date of Event)

in Pleasantview, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Record of Birth & Blessing (Bible Record, Insurance Policy, Etc.) prepared on 5 December 1920 (Give Date) Malad, Idaho - Pleasantview Ward page 888 line 237 are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Camp	Joseph Alden Camp

Subscribed and sworn to before me this 16 day of March, 1981

Notary Public, residing at S.L.C. UTAH

My commission expires 21 MAR 1981

(Seal)

Signed Alta Violet Camp McConkie

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

601 E 400 So. St George, UTAH

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19..

Notary Public, residing at See attached affidavit

My commission expires

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

LDS Church Cert of Blessing gives Joseph Alden Camp born 9-19-20 at Pleasantview, ID tp W,P. Camp Jr. And Ester V Draper. Blessed 12-5-20. Viewed by V.S.

AUG 24 81

LDS Church Cert of Baptism gives Joseph Alden Camp born 9-19-20 at Pleasantview to William P Camp and E. Violet Draper, baptised 10-13-28. Viewed by V.S.

386-219-036-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83735

Primary Registration District No. 2069 Registered No. 182

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 19 1920

FATHER		MOTHER	
FULL NAME	Joseph Thorpe	FULL MAIDEN NAME	Lucy Davis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Oct 7 1920 R M Maier M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-219-036-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83736

Primary Registration District No. 2069 Registered No. 183

FULL NAME OF CHILD Allene Gleed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Gleed	FULL MAIDEN NAME	Agness Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Oct 7 1920

R. T. Maurer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

83736

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

Place of Birth: City Malad

Street and House No.

County Oneida

Registered No. 53

Registration Dist. No. 26

Sex of Child Female

Date of Birth Sept 19 1920
MONTH DAY YEAR

Father Wilford Gleed
FULL NAME

Mother Agnes Williams
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Eldon Gleed
GIVEN NAME IN FULL SURNAME

as reported by Agnes Gleed
FATHER OR MOTHER

D. T. Mauer M.D.
LOCAL REGISTRAR

SEP 1 2 1972

469-121-036-356

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 83737

No. ..... St.

Primary Registration District No. 2069 Registered No. 184

Hospital .....

FULL NAME OF CHILD Lydia Morgan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edmond Morgan	FULL MAIDEN NAME	Cassie Lewis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 530 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Oct 7 1920

R. R. Manes M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FORM V. S. NO. 27B.

STATE OF IDAHO

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

4/17/21

Registered No. 184

Place of Birth { City Malad
Street and House No.
County Oneida

Registration Dist. No. 26

Sex of Child Female

Date of Birth Sept 21 1920
MONTH DAY YEAR

Father Edmond Morgan
FULL NAME

Mother Cassie Lewis
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

[illegible]
GIVEN NAME IN FULL SURNAME

as reported by Ed
FATHER OR MOTHER

R. I. Mather M.D.
LOCAL REGISTRAR

NOV 26 1969

FEB 12 1945

666-122-036-713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83738

Primary Registration District No. 2064 Registered No. 185

FULL NAME OF CHILD Weldon Woozley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9-22 1920

FATHER		MOTHER	
FULL NAME	Edward Woozley	FULL MAIDEN NAME	Iona Palmer
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Malad Ida	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad Ida

Filed Oct 7 1920

R T Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Ent 4/17/2

Place of Birth
City Oneida
Street and House No.
County Malad

Registered No. 185

Registration Dist. No. 26

Sex of Child Male

Date of Birth 9 (MONTH) 22 (DAY) 1920 (YEAR)

Father Edward Woozley (FULL NAME)

Mother Iona Palmer (FULL MAIDEN NAME)

I Hereby Certify that the child described here has been named:

Weldon (GIVEN NAME IN FULL) Woozley (SURNAME)

as reported by Iona Woozley (FATHER OR MOTHER)

R. T. Mauer M.D. (LOCAL REGISTRAR)

MARGIN RESERVED FOR BINDING

JUL 9 1942

AUG 9 195

512 -123-036-299

Form V. S. No. 11-C—25m-7-[illegible]

PLACE OF BIRTH

[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 83739

No. ..... St.

Primary Registration District No. 2669

Registered No. 186

Hospital .....

FULL NAME OF CHILD Vaughn Eastman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male					Sept 23 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Eastman	Sarah L. Bruson
RESIDENCE	Malad	Malad
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	47	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a. M. on the date above stated.

(Signature) R. O. Mauer M.D

Physician (Physician or midwife)

Address Malad Idaho

Filed Oct 1 1920 R. O. Mauer M.D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

83739

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

ent 4/17/21

Place of Birth: City Malad

Street and House No.

County Oneida

Registered No. 186

Registration Dist. No. 26

Sex of Child Male

Date of Birth Sept. 23 1920
MONTH DAY YEAR

Father George Eastman
FULL NAME

Mother Sarah L. Bryson
FULL MAIDEN NAME

I Hereby Certify that the child described her has been named:

Vaughn Eastman
GIVEN NAME IN FULL SURNAME

as reported by
FATHER OR MOTHER

R. T. Mauer M.
LOCAL REGISTRAR

MAR 19 1942

265-124-036-866

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

Registration District No. 26 File No. 83740

No. ..... St.

Primary Registration District No. 2069 Registered No. 187

Hospital .....

FULL NAME OF CHILD Dewey Howard Sweeten

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Warren H. Sweeten	Ira Howard
RESIDENCE	Holbrook	Holbrook
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) R. J. Mauer M.D
Physician
(Physician or midwife)

Address Malad Idaho

Filed Oct 7 1920 R. J. Mauer M.D
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

FORM V. S. NO. 27B. 5M-12-1

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

ent 4/17/2

Place of Birth
City Holbrook
Street and House No.
County Oneida

Registered No. 187

Registration Dist. No. 26

Sex of Child male

Date of Birth Sept 24 1920
MONTH DAY YEAR

Father Warren H. Sweeton
FULL NAME

Mother Lila Howard
FULL MAIDEN NAME

I Hereby Certify that the child described her
has been named:

Dewey Howard Sweeto
GIVEN NAME IN FULL SURNAME

as reported by
FATHER OR MOTHER

R. T. Mauer M.D.
LOCAL REGISTRAR

SOUL 2 4 19

236-226-036-376

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Daniels

Registration District No. 26

File No. 83741

No. ____ St.

Primary Registration District No. 2069

Registered No. 188

Hospital ____

FULL NAME OF CHILD Ruth Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Sept 26 1920

FATHER		MOTHER	
FULL NAME	D. L. Stone	FULL MAIDEN NAME	Emma Crowther
RESIDENCE	Daniels	RESIDENCE	Daniels
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R T Mauer M.D.

Physician
(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report. 19____

Filed Oct 2 19 20 R T Mauer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTIC

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

MARGIN RESERVED FOR BINDING

Place of Birth

City Daniels

Street and House No.

County Oneida

Registered N

Registration

Sex of Child Female

Date of Birth Sept 26 1920
MONTH DAY YEAR

Father D. L. Stone
FULL NAME

Mother Emma Crowther
FULL MAIDEN NAME

I Hereby Certify that the
has been named:

Ruth Stone
GIVEN NAME IN FULL

as reported by
FATHER OR

R. T. W
LOCAL REG

866-130-036-445

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 83742

Primary Registration District No. 2069 Registered No. 189.

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 30 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dewey Howard	Hazel Dunn
RESIDENCE	Holbrook	Holbrook
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Idaho	Kansas
OCCUPATION	Trucker	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) R. T. Mauer M. D

Physician

(Physician or midwife)

Address Malad Idaho

Filed Oct 7 1920 R. T. Mauer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Homedale

No. 493-119-037-792 St.

Registration District No. 3 File No. 83749

Primary Registration District No. 2005 Registered No. 219

Hospital

FULL NAME OF CHILD Meredith Lee Mills

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	9 - 19 - 1920

FATHER	MOTHER
FULL NAME: Joseph E. Mills	FULL MAIDEN NAME: Elpha Gibson
RESIDENCE: Homedale	RESIDENCE: Homedale
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley M. D.
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Sept. 21 - 1920 John L. Meyer Registrar

JUL 15 1965

[redacted] No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City [redacted]rphy

No. 294-102-037-341 St.

Registration District No. 43 File No. 83744

Primary Registration District No. 2120 Registered No.

Hospital

FULL NAME OF CHILD Thomas William Brunzell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept. 2, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Bryan William Brunzell	FULL MAIDEN NAME	Ida Cox
RESIDENCE	Murphy, Idaho	RESIDENCE	Murphy, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Silver City, Idaho	BIRTHPLACE	Boise, Idaho
OCCUPATION	Stock-raiser	OCCUPATION	House-wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5.15 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

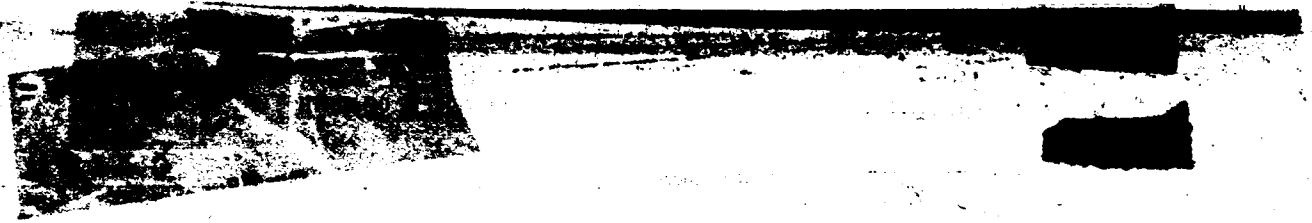
Address Murphy & Silver City, Idaho

Filed Sept. 4 1920 W. H. Schuyler, M.D.

Registrar

Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

No. 515-101-037-135 St.

Registration District No. _____ File No. 83745

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Pedro Louis Navarez

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Sept. 1 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Philippe Navarez	FULL MAIDEN NAME	Marie Alvarado
RESIDENCE	Silver City	RESIDENCE	Owyhee Co. Silver
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep business	OCCUPATION	Camp-cook

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 2.30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Silver City, Idaho

Filed Sept. 1 1920 W. H. Schuyler M.D. Registrar

Registrar

S-Y CO. 20174

271-128-037-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Registration District No. 130 File No. 83746

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD GEORGE HENRY SPARKS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Sept 28 1920

FATHER		MOTHER	
FULL NAME	Roy C Sparks	FULL MAIDEN NAME	Amelia G Weidler
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MD (Physician or midwife)

Given names added from a supplemental report.

Oct 1 1920 Address Homedale Ida

Simeon Hopper Registrar Filed Oct 1 1920 Simeon Hopper Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF ~~VITAL STATISTICS~~

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Territory of Alaska
3rd Division
County of Kodiak Precinct } ss.

Certificate No. 83746

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for Unnamed Sparks (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 28, 1920 (DATE OF EVENT)

in Homedale, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	OMITTED	GEORGE HENRY SPARKS

Subscribed and sworn to before me this 3rd day of March, 19 42.

X Paul E. Johnson.

Notary Public, residing at Naval Air Station, Kodiak, Alaska

My commission expires Dec. 16, 1945

(SEAL)

Signed George Henry Sparks

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Naval Air Station, Kodiak, Alaska

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Territory of Alaska
3rd Division
County of Kodiak Precinct } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 19 42.

X Paul E. Johnson.

Notary Public, residing at Naval Air Station, Kodiak, Alaska

My commission expires Dec. 16, 1945

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Naval Air Station, Kodiak, Alaska

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR By

(REGISTRAR'S SIGNATURE)

MAR 26 1942

APR 20 1951

437-21-037768

PLACE OF BIRTH name added 7-2-82

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Homedale

Registration District No. 130 File No. 83747

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Murdith Evaline McGregor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M.	twins	2	yes	Oct 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry E McGregor	Iris E Johnson
RESIDENCE	Homedale	Homedale
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Ida	Minn
OCCUPATION	Pool Hall owner	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hoffpen M D (Physician or midwife)

Given names added from a supplemental report.

Oct 1 1920 Address Homedale

Simeon Hoffpen Registrar Filed Oct 1 1920 Simeon Hoffpen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 29 9 26 AM '82

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 83747

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed (Name on Original Certificate) who born (Was Born or Died) on Sept. 17, 1920 (Date of Event)

in Homedale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Murdith Evaline McGregor

Subscribed and sworn to before me this 7th. day of March, 19 77

Claude H. Sutherland

Notary Public, residing at Redding, California

My commission expires 9-15-77

(Seal)

OFFICIAL SEAL
CLAUDE H. SUTHERLAND
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
TEHAMA COUNTY
My Commission Expires September 15, 1977

Signed Dora I. Carey

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

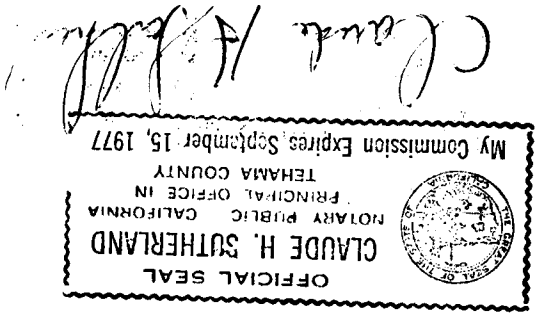
See Reverse Side

School record from Malheur County Schools state of Oregon Notarized statement gives Murdith E McGregor seven years old attended school in the district for the year 1927. Viewed by V.S.

Statement dated 6-16-58

Affidavit of Birth dated 3-7-77 gives Murdith Evaline McGregor born 9-17-20 in Homedale to Harry Elmore McGregor and Iris Elsie Johnson . Viewed by V.S.

CLAUDE H. SUTHERLAND



437-217-037-168

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital .....

Registration District No. 130

File No. 83748

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
T M	Twin	1	yes	Sept 17 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry E McGregor	FULL MAIDEN NAME	Iris Elsie Johnson
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Minn
OCCUPATION	Poolhall owner	OCCUPATION	HW

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper MH (Physician or midwife)

Given names added from a supplemental report.

Oct 1 1920

Address Homedale

Simeon Hopper Registrar

Filed Oct 1 1920

Simeon Hopper Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-117-037-544

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

Registration District No. 130

File No. 83749

No. ..... St.

Primary Registration District No. Homedale

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lewis Anderson Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter V. Jones	FULL MAIDEN NAME	Maranda C Emmerson
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Virg	BIRTHPLACE	Mo
OCCUPATION	R.R. section foreman	OCCUPATION	HW

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MD (Physician or midwife)

Given names added from a supplemental report.

Oct 1 1920 Address Homedale

Simeon Hopper Registrar Filed Oct 1 1920 Simeon Hopper Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/4/41 L. B.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

City of 234-101-038-464 Registration District No. 4 File No. 83750

No. ..... St.

Hospital ..... Primary Registration District No. 1008 Registered No. 57

FULL NAME OF CHILD Robert Ellis Blurton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	June 1 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Floyd Blurton	FULL MAIDEN NAME Viola Helen Dougherty
RESIDENCE Little willow	RESIDENCE Little willow
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Minnesota
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician

(Physician or midwife)

Address Payette Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 1 1920 19.....

J. C. Woodward

Registrar

234 - 213 - 038 - 319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No. 4 File No. 83752

Primary Registration District No. 1008 Registered No. 59.

FULL NAME OF CHILD Unnamed VELMA MAY BLURTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	June 13 1920

FATHER	MOTHER
FULL NAME Everette Blurton	FULL MAIDEN NAME Marie Carr.
RESIDENCE Little Willow	RESIDENCE Little Willow
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

19

Registrar

Filed Oct 1 1920

J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 83752

Date Filed Auth

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on 6-13-1920 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Velma May Blurton

Subscribed and sworn to before me this 4th day of March, 1942

Marion E. Owen
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Mrs. Marie Blurton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 1942

Marion E. Owen
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(Seal)

Signed Ezra Blurton
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 4 1942

4115-108-038-295

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 83753

Primary Registration District No. 1008 Registered No. 60

FULL NAME OF CHILD Richard Junior Dando

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy			Yes	July	8	1920

FATHER

FULL NAME E L Dando

RESIDENCE Payette Ida

COLOR White

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Missouri

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Edna King

RESIDENCE Payette Ida

COLOR White

AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Ky.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette, Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 1 1920

J. C. Woodward

Registrar

DUP OF 1920-414185

636-117-038-445

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. N. 4th St.

Hospital

Registration District No. 4 File No. 83754

Primary Registration District No. 1008 Registered No. 61

FULL NAME OF CHILD Jack Avey Flock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Paul Flock	FULL MAIDEN NAME	Lyle Duell
RESIDENCE	~~Malta~~ Near Fruitland - Ida	RESIDENCE	Near Fruitland Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	N. Dak.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:00 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Ida

Filed Oct. 1 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-117-038-669

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 634 N 2nd St.

Hospital

Registration District No. 4 File No. 83755

Primary Registration District No. 1008 Registered No. 62

FULL NAME OF CHILD Bobbie Orin Browning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy.		Yes	July (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	S. E. Browning	FULL MAIDEN NAME	Arzella Forbes
RESIDENCE	Pleasent Valley Oregon.	RESIDENCE	Pleasent Valley Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Ill	BIRTHPLACE	Nebraska
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Idaho

Filed Oct. 1 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1953

Dup of 1920-333297

266-221-038-719

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. 32 7th ave N St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 83756

Primary Registration District No. 1008 Registered No. 63

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXX~~ Marian Eva Book

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				yes.	July 21 1920

FATHER		MOTHER	
FULL NAME	Ira Book.	FULL MAIDEN NAME	Bessie L. Carmenter
RESIDENCE	Dead Ox Flat Ore	RESIDENCE	Dead Ox Flat Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mich
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) O. K. Avey

Physician.

(Physician or midwife)

Address Payette, Ida

Filed Oct 1 1920 J. C. Woodward Registrar

MAY 24 1967

266-209-038-693

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave St.

Hospital

Registration District No. 4 File No. 83757

Primary Registration District No. 1008 Registered No. 64

FULL NAME OF CHILD Barbara Joyce Bowman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legiti mate?	Date of Birth (Month)	(Day)	(Year)
Female				Aug	9	19~~20~~

FATHER		MOTHER	
FULL NAME	Logan Bowman.	FULL MAIDEN NAME	Gladys Wilcox
RESIDENCE	Fruit ranch near Payette	RESIDENCE	Fruit ranch near Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colo
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Ida

Filed Oct 1 1920 J. C. Woodward
Registrar

168-111-038-793

PLACE OF BIRTH amended 9-20-55

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1001 1st Avenue South

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 83758

Registered No. 65

FULL NAME OF CHILD WILLIAM L. Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug. 11, 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: K. L. Johnson	FULL MAIDEN NAME: Vina Pitcher
RESIDENCE: 1001 First Avenue South, Payette	RESIDENCE: 1001 First Avenue South, Payette
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kansas
OCCUPATION: O.S.L. Ry. Station agent	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery, M.D.
(Physician or midwife)

Address Payette, Idaho

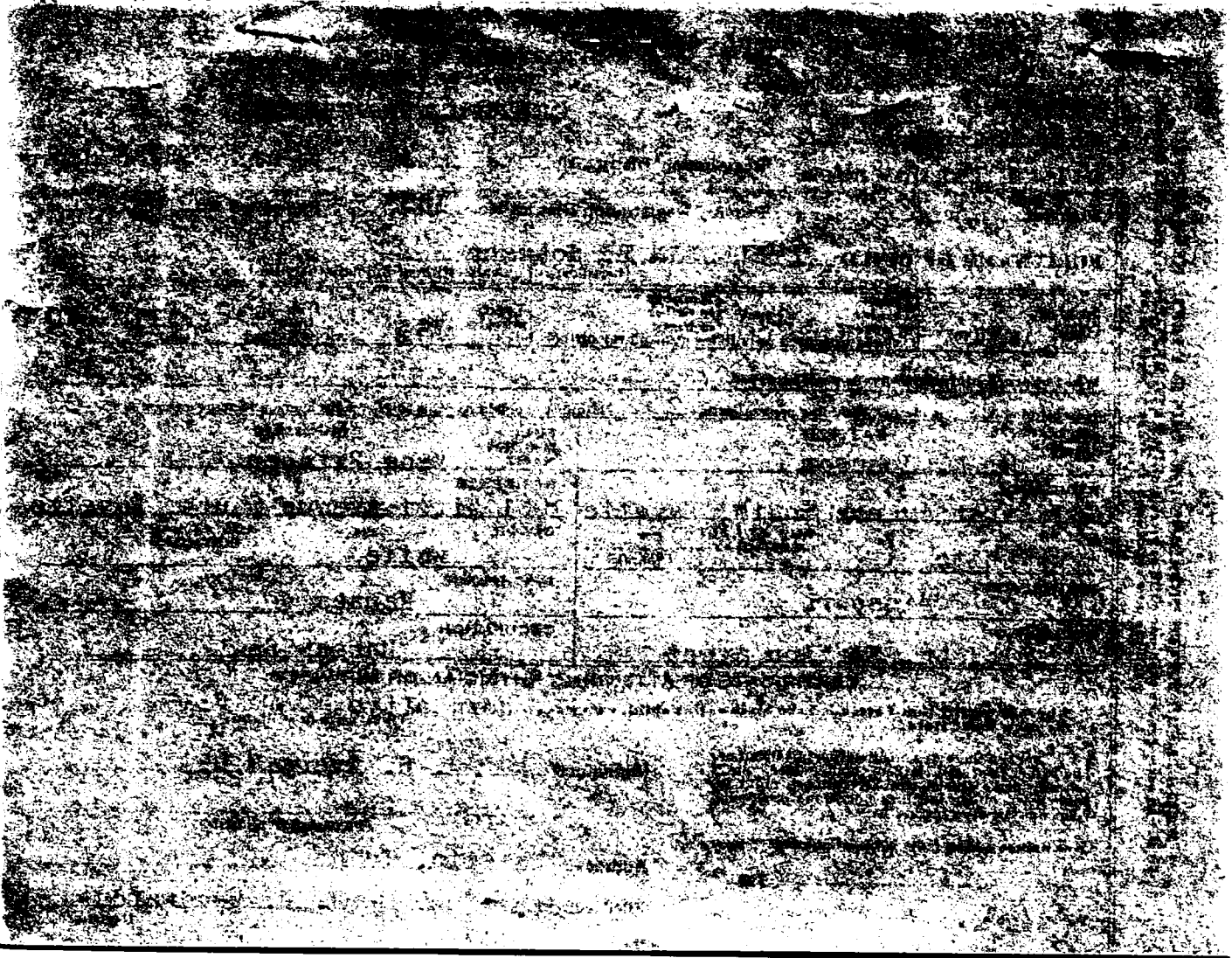
Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Oct. 1 1920 J. C. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 83758

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who born (Was Born or Died) on August 11, 1920 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by discharge record; 5-2-46, William L. Johnson (Bible Record, Insurance Policy, Etc.) prepared on (bw) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	William L. Johnson

Subscribed and sworn to before me this 14 day of September 1955

Notary Public, residing at Boise, Ida

My commission expires 11-27-59

(Seal)

Signed K L Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2333 Ellis Ave
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of September 1955

Notary Public residing at Boise, Idaho

My commission expires Jan. 15, 1959

(Seal)

Signed Mrs K L Johnson (Mother)
(Signature of Any Credible Person)

2333 Ellis Ave. Boise, Idaho
(Street Address, City, State)

DPH 52-155

249-120-038-313

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 101 N 10th St.

Registration District No. 4 File No. 83759

Primary Registration District No. 1008 Registered No. 66

Hospital

FULL NAME OF CHILD Judson Calkins Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug. 20 1920

FATHER	MOTHER
FULL NAME Chas A. Smith	FULL MAIDEN NAME Arethusa Calkins
RESIDENCE 103 N 10 St. Payette, Idaho	RESIDENCE 103 N 10 St. Payette, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Nebraska
OCCUPATION Lumber Dealer	OCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

(Signature) O. K. Avery

Physician

(Physician or midwife)

Address Payette, Ida.

Filed Oct. 1 1920 J. C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1966

AUG 6 1942

386 - 122 - 038 - 795

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 1030 Center Ave St.

Hospital

Registration District No. 4 . File No. 83760

Primary Registration District No. 1008 Registered No. 67.

FULL NAME OF CHILD Unnamed

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Aug	22	1920

FATHER

FULL NAME: L. A. Thomas.

RESIDENCE: Moscow Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Teacher

MOTHER

FULL MAIDEN NAME: Florence Gregory.

RESIDENCE: Moscow Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Nebraska.

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. N. Avery

Physician

(Physician or midwife)

Address Payette, Ida.

Filed Oct 1 1920 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-228-058-214

PLACE OF BIRTH

Amended 9/12/78

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette — R. D.

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. 1008

File No. 83761

Registered No. 68

Full Name of Child Vivian A. Purchase

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female				Aug. 28 — 1920

FATHER		MOTHER	
FULL NAME	Royal Arthur Purchase	FULL MAIDEN NAME	Lillian Pearl Badley
RESIDENCE	Payette R. D.	RESIDENCE	Payette R. D.
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Petoskey - Mich.	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar I. Foster

(Physician or midwife)

Address Ontario - Oregon

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 1 1920 J. O. Woodward

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Michigan } ss.
County of Lenawee }

RECEIVED BUREAU OF VITAL STATISTICS AUG 22 9 02 AM '78

Certificate No. 83761

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Purchase (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 28, 1920 (Date of Event)

in Payette, Idaho (Payette) (Place of Event) are erroneous or were omitted; and that to the best of his knowledge, the true facts are shown by Marriage License & Newspaper Article (Bible Record, Insurance Policy, Etc.) prepared on May 5, 1942 & 1961 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Purchase	Vivian Alice Purchase Brower
child's name	Unnamed	Vivian Purchase
date of birth	August 28, 1920	August 27, 1920

Subscribed and sworn to before me this 16th day of August, 19 78

Grace M. Edwards

Notary Public, residing at 6845 U.S.12; Onsted, Mi.

My commission expires September 18, 1978

(Seal)

Signed Hubert Brower

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5595 Sand Lake, Onsted, Mi. 49265

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.
County of Lenawee }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of August, 19 78

Grace M. Edwards

Notary Public, residing at 6845 U.S.12; Onsted, Mi.

My commission expires September 18, 1978

(Seal)

Signed Donald E. Edwards

(Signature of Any Credible Person)

11777 Mystery Hill Drive

Onsted, Michigan 49265

(Street Address, City, State)

FORM DH 60-155

CL 8/11/78 RUSH

Family Bible record gives name as Vivian A. Purchase born Aug 27, 1920. viewed by V. S.

SEP 1973

Marriage license from Michigan gives names as Hubert L. Brower and Vivian A. Purchase. dated May 5,1942. viewed by V. S.

769-212-038-533

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 83762

Primary Registration District No. 1008 Registered No. 69

FULL NAME OF CHILD Alta La Donna Gorham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter Gorham	FULL MAIDEN NAME	Etta Van Etten
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Okkahama	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Mitchell

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Idaho

Filed Oct. 1 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1972

692-214-038-613
Amended 6-7-79

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 801 3rd Ave N St.

Hospital

Registration District No. 4 File No. 83763

Primary Registration District No. 1008 Registered No. 70

FULL NAME OF CHILD Thelma Dorothy Wiseman

Sex of Child Female. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes Date of Birth Sept. 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Landrum L. Wiseman.	FULL MAIDEN NAME	Alma Watson
RESIDENCE	Payette Ida.	RESIDENCE	Payette Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N. Car	BIRTHPLACE	Idaho
OCCUPATION	Stock Man.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette, Ida.

Filed Oct. 1 1920 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 83763
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Wiseman (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 14, 1920 (Date of Event)

in Payette, Idaho (Payette) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child'sname	Unnamed	Thelma Dorothy Wiseman
Name of mother	Marie Carr	Alma Watson

Subscribed and sworn to before me this 7th day of June, 1979.

Notary Public, Florence Cartright
Residing at Boise
My commission expires Lifetime
(Seal)

Thelma Dorothy McMickle
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

K CL 5/21/79

Certificate of birth of brother, Blaine Lynn Wiseman born Feb. 10, 1925 in Burley, Idaho gives parent's names as L. L. Wiseman and Alma Watson. Certificate # 129372.
Viewed by v.s.

Own child's birth certificate on file in Idaho gives name of mother as Thelma Dorothy Wiseman. Child born November 11, 1939, in Ada County, Idaho. Certificate # 287647.
Viewed by V.S.
Report card issued by the Public Schools of Los Anteles, California gives name as Dorothy Wiseman and parent signing card was Alma Wiseman, mother. Card dated Feb. 1, 1929.
Viewed by V.S.

Family Bible record lists parents of Thelma Dorothy Wiseman as Landrum L. Wiseman and Alma Watson married April 7, 1915.
Viewed by V.S.

769 - 215 - 038 - 669

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. 505 N. 6th St.

Hospital

Registration District No. 4 File No. 83764

Primary Registration District No. 1008 Registered No. 71

FULL NAME OF CHILD

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sep. 15, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Gerrel Gordon	FULL MAIDEN NAME	Virginia Douglas Forbes
RESIDENCE	Payette Id	RESIDENCE	Payette Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colfax Iowa	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Payette Id

Filed Oct 1 1920 J. C. Woodward Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-195174 and 1920-126386

PLACE OF BIRTH Amended 3-2-51

556-28-038-291

County of Payette

City of Payette

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 83765

Primary Registration District No. 1008 Registered No. 72

FULL NAME OF CHILD Thomas T. Ennor, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Sept. 28 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER	MOTHER
FULL NAME: Thomas T. Ennor	FULL MAIDEN NAME: Laura Bell Brannock
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Indiana
OCCUPATION: Mechanic	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 192____

____
Registrar.

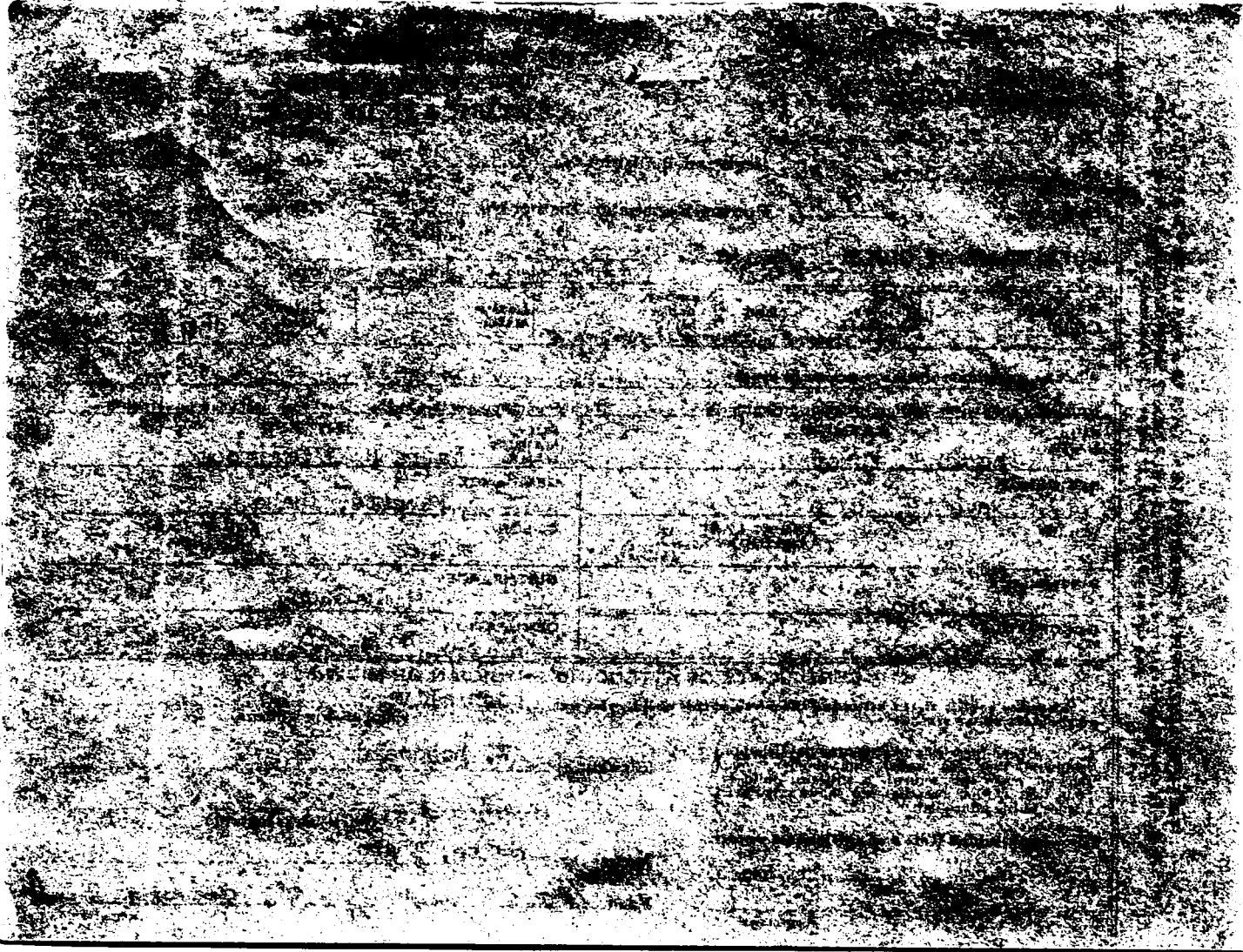
(Signature) W. McDonald

(Physician or midwife)

Address Payette, Idaho

Filed 10-1 1920 J. C. Woodward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83765

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's middle Initial	C.	T.
Father's middle Initial	C.	T.
Last Name	Enner	Ennor

Subscribed and sworn to before me this 2 day of March 1941

Mabel [illegible]

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Thomas T Ennor Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2731 HARTFORD ST SALT LAKE
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH - 51117

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

395-203-039-799

City of

No. St.

Hospital

Registration District No. 25 File No. 83766

Primary Registration District No. 2072 Registered No. 200

FULL NAME OF CHILD LOUISE MARGARET Louisa Mary Liese

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Liese	FULL MAIDEN NAME	Friederika Grischkowsky
RESIDENCE	American Falls	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louisa Grischkowsky Dir. R.P.N.

(Mother)

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 9-4 1920 R. J. Notts

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Power, }

Certificate No. 83766

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Louisa Liese (Name on Original Certificate) who was born (Was Born or Died) on September 3, 1920 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on October, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Louisa Mary	Louise Margaret Liese

Subscribed and sworn to before me this 20th
day of June, 1942

Notary Public, residing at American Falls, Ida.
My commission expires October 22, 1943.
(Seal)

Signed Frederike F. Liese
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

American Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Power, }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of June, 1942

Notary Public, residing at American Falls, Idaho.
My commission expires October 22, 1943.
(Seal)

Signed Arthur Liese
(Signature of Any Credible Person Other Than Previous Year)

American Falls, Idaho.
(Street Address, City, State)

JUN 22 1942

Corrected Z.J.

JUN 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-115-039-993

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital Bilhams

Registration District No. 29

File No. 83767

Primary Registration District No. 2072

Registered No. 201

FULL NAME OF CHILD Francis Charles La Motte

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	9-15-20

	FATHER	MOTHER
FULL NAME	Adolph Delphis La Motte	Rosa Jeanette Richards
RESIDENCE	Amer. Falls. Ida	Amer. Falls. Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	35
BIRTHPLACE	Conn.	Quebec, Canada.
OCCUPATION	Dentist	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Richard J. North M.D.

(Physician or midwife)

Address American Falls. Ida

Given names added from a supplemental report.

.....19.....

Registrar

Filed 9-16-20 R. J. North

Registrar

NOV 12 1970

318-114-039-843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Aurreau Falls — Registration District No. 25 — File No. 83768

No. ..... St. — Primary Registration District No. 2072 — Registered No. 202

Hospital Bethany

FULL NAME OF CHILD ROBERT RAY TAYSOM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 16 1920

FATHER		MOTHER	
FULL NAME	William Tayson	FULL MAIDEN NAME	Ruth Gustafson
RESIDENCE	Rockland Idaho	RESIDENCE	Rockland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7.30a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Watts M.D.
(Physician or midwife)

Address Aurreau Falls Ida

Filed 9/16 1920 R. F. Watts
Registrar

Given names added from a supplemental report.

..... 19.....
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued De . 20, 1940. E.W.

Amended 5-15-58

PLACE OF BIRTH

912-218-039-238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of _____

No. _____ St.

Registration District No. 25 File No. 83759

Hospital _____ Primary Registration District No. 2072 Registered No. 203

FULL NAME OF CHILD Christina Frederaka Rast
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	January 18, 1920

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Geo. Rast	FULL MAIDEN NAME: Christina Schill
RESIDENCE: American Falls	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz, M. D.

_____
(Physician or midwife)

Address American Falls, Idaho

Give names added from a supplemental report.

_____, 192_____

_____
Registrar.

Filed Sept. 22, 1920 R. F. Nolte
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death 83769

State of ..... } ss.
County of ..... }

Certificate No. ~~83569~~

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Christina Frediraka Rast (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1920 (Date of Event)
in Power Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Idaho Mutual Benefit Assn. (Bible Record, Insurance Policy, Etc.) prepared on Dec 8, 1945 (Give Date), are:
& Church Record May 12, 1935

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (Correct Facts)
Child's-Name	Christina-Frediraka-Rast	Christina-Kathryn-Fredericka-Rast
Birthdate	February 18, 1920	January 18, 1920
Mother's-First-Name	Christina	Christiana

both records show only the correct birthdate

Subscribed and sworn to before me this 3rd day of June, 1957

Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1958
(Seal)

Signed Mrs. Christina Rast (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Jerome, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 1957

Notary Public, residing at Jerome, Idaho
My commission expires April 22, 1958
(Seal)

Signed Erwin Rast (Signature of Any Credible Person)

Wendell Idaho RR 1 (Street Address, City, State)

FORM DPH 55.155

L 5-29-57 nm

845-221-039-811

PLACE OF BIRTH

County of ~~Ocean~~

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 83770

Primary Registration District No. 9072 Registered No. 204

FULL NAME OF CHILD HILDA ANNA HUVER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female ~~male~~			—	Yes	May 21st ~~22~~ 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander Huwa	FULL MAIDEN NAME	Lena Haak
RESIDENCE	Aberdeen, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Amer. Falls Ida

Filed 9/22 1920 R. F. Nott

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC [illegible] 1942
DEC 31 1942

JUL 25 1972

553-118-039-619

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 83771
Local Reg. No.
Reg. Dist. No. 25

Amended 5/25/77

1. PLACE OF BIRTH
a. COUNTY: Power
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rockland
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Power
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rockland
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Owen
b. (Middle): L.
c. (Last): Nelson

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) June (Day) 18, (Year) 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Lars
b. (Middle): Christoffer
c. (Last): Nelson

8. AGE (At time of this birth): 44 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Denmark
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emma
b. (Middle): Sear
c. (Last): Waite

13. AGE (At time of this birth): 40 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. F. Schiltz
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Amer. Falls, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 9/22/20
22. REGISTRAR'S SIGNATURE: R. F. Noth
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 5:45 P.M.
RACE OF COLOR OF FATHER: White
RACE OF COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 5 9 56 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83711

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nelson (Male) (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1920 (Date of Event)
in Power County, IDaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	?Owen L. Nelson
City of birth	omitted	Rockland, Idaho
Father's name	Lars Nelson	Lars Christoffer Nelson
Mother's maiden name	Emma White	Emma Sear Waite

Subscribed and sworn to before me this 3rd day of May, 19 77

Joan W. Crane

Notary Public, residing at Georgetown

My commission expires 8/22/78

(Seal)

Signed [illegible] F. Moore

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

320 Rose Ave. Soda Springs, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 19 77

Joan W. Crane

Notary Public, residing at Georgetown

My commission expires 8/22/78

(Seal)

Signed Jasper Jacobsen

(Signature of Any Credible Person)

340 N 2E, Soda Springs, Idaho

(Street Address, City, State)

83276

FORM DH 60-155 CL 2/3/72 nm

Delayed birth certificate for borther Lars Fenton Nelson (file No. DE 71-192) lists father's name as Lars Christoffer Nelson and Mohter's name as Emma Sears Waite. Information given on Temproary Membership Record from Weldon Poulson, Ward Clerk, LDS Church, Amer. Falls, 2nd W. concerning blessing on Feb. 3, 1907. Viewed By V. S.

Church record from Francis J. Rasmussen, Bishop gives name as Levi Owen Nelson born June 18, 1920 at Rockland, Idaho. Gives parents name as Lars Christoffer Nelson and Emma Sears Waite, Viewed by V. S.

Insurance policy from John Hancock Mutual Life Ins. Co. gives name as Owen L. Nelson dated Setp 1, 1953. born June 18, ~~19~~ 1920. Certif No. 6487 Viewed by C. S.

U.S. Marine Corps Honorable Discharge ~~from~~ dated Dec 15, 1945. gives name as Owen L. Nelson. vie ed by V. S. gives place of birth as Rockland Idaho. born June 18, 1920. viewed by V. S.

154-103-039-269

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 83773

Primary Registration District No. 2072 Registered No. 207

FULL NAME OF CHILD GLENN C. ANDERSEN

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	Yes	July 3 1920

FATHER		MOTHER	
FULL NAME	John C Anderson	FULL MAIDEN NAME	Dina Sorensen
RESIDENCE	Arbon, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or Stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. F. Schuett M.D.

(Physician or midwife)

Address Arbon, Idaho

Filed 9-22 1920 B. F. Nash Registrar

3

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Cache } ss.

Certificate No. 83773

MAY 5 1943
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Glenn C. Andersen (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1920 (Date of Event)
in Arbon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Glenn C. Andersen

Subscribed and sworn to before me this 1st
day of May, 19 43
Edith B. Clark
Notary Public, residing at Logan, Utah
My commission expires NOTARY PUBLIC Residing at Logan, Utah My Commission Expires June 4, 1945
(Seal)

Signed Lars M Andersen Uncle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mendon, Cache County, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Cache } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of May, 19 43
Emmit Peterson
Notary Public, residing at Logan Utah
My commission expires Jan 18 1944
(Seal)

Signed Jack H Sorensen
(Signature of Any Credible Person Other Than Previous Year)

Eccles Hotel Logan Utah
(Street Address, City, State)

MAY 11 1943

389-206-039-154

PLACE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-27

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 83774

Primary Registration District No. 2072 Registered No. 208

FULL NAME OF CHILD Elsie Fern Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 6 1920

FATHER		MOTHER	
FULL NAME	Peter Christensen	FULL MAIDEN NAME	Johanna M. Anderson
RESIDENCE	Amer. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. F. Schuck M.D.

(Physician or midwife)

Address Amer. Falls Ida

Filed 9/29 1920 R. F. Nutt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

654-107-039-493

PLACE OF BIRTH

County of Power

City of Lower Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 23

Primary Registration District No. 2072

File No. 83775

Registered No. 209

FULL NAME OF CHILD Junior Ben Wedel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	July 7 1920

FATHER		MOTHER	
FULL NAME	Benj F. Wedel	FULL MAIDEN NAME	Gertrude Miller
RESIDENCE	Lower Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Ore.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 a. M. on the date above stated.

(Signature) C. F. Schick

(Physician or midwife)

Address Lower Falls

Filed 9-22-1920

R. F. Nott
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1 1941

249-225-039-914

PLACE OF BIRTH name added 1-6-84 dl

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83776

County of Power

City of

No. St.

Hospital

Registration District No. 25

File No.

Primary Registration District No. 2072

Registered No. 210

FULL NAME OF CHILD Bertha Maria Burgemeister

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	—	Yes	July 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Burgemeister	FULL MAIDEN NAME	Theresa Radke
RESIDENCE	Amer. Falls P.O.	RESIDENCE	Same P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Roumania	BIRTHPLACE	Roumania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:30 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Amer. Falls

Filed 9-22 1920 R. F. Notts

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-6-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 83776
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Burgemeister (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 25, 1920 (Date of Event)
in Power County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Bertha Maria Burgemeister

Subscribed and sworn to before me this 6th day of January, 1984.
Notary Public, Pamela Leavitt
Residing at Boise Ada Idaho
My commission expires Jan 10, 1987
(Seal)

Bertha Allsberry
Signature of Applicant
1537 Homer Dr. Pocatello, Idaho 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Birth Certificate lists Patricia Marion Allsberry born July 27, 1950 in Pocatello to Lawrence Allsberry and Bertha Maria Burgemeister. Viewed by V.S.

JAN 6 1984

Baptism Certificate lists Bertha Maria Burgemeister born July 25, 1920 in American Falls, Idaho and was baptised October 10, 1920. Viewed by V.S.

463-226-039-764

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25 File No. 83177

No. ..... St.

Primary Registration District No. 2072 Registered No. 211

Hospital .....

FULL NAME OF CHILD Rose Ivaline Mock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ivan J. Mock	FULL MAIDEN NAME	Sarah Ivaline Poulsen
RESIDENCE	Amer Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schietz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Amer. Falls

Filed 9-22 1920 R. F. Nott

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513-228-039-743

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25

File No. 83778

No. ..... St.

Primary Registration District No. 272

Registered No. 212

Hospital .....

FULL NAME OF CHILD Shirley Valey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 28 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nicholas Valey	FULL MAIDEN NAME	Mary Gulliford
RESIDENCE	Amer. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Del.
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Amer. Falls

Filed 9-22 1920 R. L. Noth

Registrar

Registrar

MAY 27 1942

458-230-039-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Inner Falls

Registration District No. 25

File No. 83779

No. ..... St.

Primary Registration District No. 2072

Registered No. 213

Hospital .....

FULL NAME OF CHILD ~~Evelyn~~ Janette Mellhaff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Mellhaff	FULL MAIDEN NAME	Melvina Renke
RESIDENCE	Inner Falls	RESIDENCE	Inner Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	S. Dak	BIRTHPLACE	S Dak
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Inner Falls

Filed 9-22 1920 R. L. Notts

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1944

443-104-039-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 25

File No. 83780

Primary Registration District No. 2072

Registered No. 214

FULL NAME OF CHILD William Henry Muller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug 4 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Muller	FULL MAIDEN NAME	Rosa Hensen
RESIDENCE	Ames Falls, P.O.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 A M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiel M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Ames Falls

19

Filed 9-22 1920 R. J. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-204-035-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Arbon

No. ..... St.

Hospital .....

Registration District No. 25 File No. 8378

Primary Registration District No. 2072 Registered No. 215

FULL NAME OF CHILD Wilma Pett

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Aug 4 1920

FATHER		MOTHER	
FULL NAME	Bruce Pett	FULL MAIDEN NAME	Emma L Anderson
RESIDENCE	Arbon, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. F. Schultz MD

(Physician or ~~midwife~~)

Address Arbon Falls

Filed 9-24-1920 R. F. North Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 11 1943

819-105-039-294

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 83782

Primary Registration District No. 2072 Registered No. 216

FULL NAME OF CHILD Harold Dean Hargett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hazel D Hargett	FULL MAIDEN NAME	Armel Zimmerman
RESIDENCE	Arbon, Idd	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:20 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MSC

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Amer. Falls

Filed 9-24 1920 R. F. Noll

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18

466-108-039-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of ..... Registration District No. 25 File No. 83783

No. ..... St. Primary Registration District No. 2072 Registered No. 217

Hospital .....

FULL NAME OF CHILD Ward Downey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 8 1920

FATHER		MOTHER	
FULL NAME	Lon Downey	FULL MAIDEN NAME	Inga Larson
RESIDENCE	Amer. Falls Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Iowa	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schrick M.D.

(Physician or midwife)

Address Amer. Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-24-1920 R. F. Nott Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

115-111-039-371

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 83784

Primary Registration District No. 2179 Registered No. 218

FULL NAME OF CHILD ALBERT JOHN JANTZEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Aug 11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Jantzen	Marie Claassen
RESIDENCE	Inkom Falls P.O.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	41
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2:30 P. M. on the date above stated.

(Signature) C. T. Schick

(Physician or Midwife)

Address Inkom Falls

Filed Sept 24 1920 R. H. North
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Linn }

Certificate No. 83784

JAN 28 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for John Albert Jantzen who was born on Aug. 11, 1920 in American Falls, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... prepared on ....., are:

(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (BIRTH OR DEATH) (DATE OF EVENT) (PLACE OF EVENT) (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Jantzen	Albert John Jantzen

Subscribed and ~~sworn~~ Affirmed to before me this 21st day of January, 19 42

Notary Public, residing at County Clerk Linn Co. Oregon

My commission expires Albany, Oregon

(SEAL)

Signed Marie Jantzen

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Tangent, Oregon

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Linn }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly ~~swear~~ Affirm that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 19 42

Notary Public, residing at County Clerk Linn County, Oregon

My commission expires Albany, Oregon

(SEAL)

Signed John Jantzen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Tangent, Oregon

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By .....

(REGISTRAR'S SIGNATURE)

FEB 2 1942

APR 2 1949

493-113-039-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital .....

Registration District No. 25

Primary Registration District No. 2072

File No. 83785

Registered No. 219

FULL NAME OF CHILD Charles Reed Miltenberger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 13 1920

FULL NAME FATHER	FULL MAIDEN NAME MOTHER
Wm Emory Miltenberger	Edith Waldman
RESIDENCE Amer Falls	RESIDENCE Same
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Pa.	BIRTHPLACE Utah
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:40 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schiltz

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Amer. Falls

Filed 9-24 1920 R. L. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1973

MAY 1 1 1942

155-117-039-249 name added 8-21-85 dl

PLACE OF BIRTH

County of Power

City of .....

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 83786

Primary Registration District No. 2072 Registered No. 220

FULL NAME OF CHILD Kenneth Asael Jenks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 17 1920

FATHER		MOTHER	
FULL NAME	Asael Jenks	FULL MAIDEN NAME	Mabel Smith
RESIDENCE	Arbon, Ida	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4.45 a M. on the date above stated.

(Signature) A. F. Schultz

(Physician or midwife)

Address Ames Falls Ida.

Filed 9-24 1920 R. V. North Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-5-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 20 4 13 PM '85

State of _____ } ss.
County of _____

Certificate No. 83786
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jenks (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug 17, 1920 (Date of Event)

in Power County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Kenneth Asael Jenks

Subscribed and sworn to before me this 19th day of July, 1985

Notary Public, [signature]
Residing at Sandy, Utah
My commission expires July 15, 1987
(Seal)

X Kenneth A Jenks
Signature of Applicant

X 181 E. Dregson Av. SLC Utah.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of July, 1985

Notary Public, [signature]
Residing at Sandy, Utah
My commission expires July 15, 1987
(Seal)

[signature] Jenks Clegg
Supporting Signature

828 W. 6 So Logan Utah 84321
Street Address, City, State

1cc credit

Certificate of Baptism from LDS Church lists Kenneth Asael Jenks son of Asael Jenks and Mable Smith born Aug 17, 1920 in Power County and was baptised Nov 13, 1928. Viewed by V.S.

Blessing record lists Kenneth Asael Jenks born Aug 17, 1920 in Pauline, Idaho was blessed Oct 1930. Viewed by V.S.

AUG

295-230-039-418

PLACE OF BIRTH

County of Power

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 83787

Primary Registration District No. 2072 Registered No. 221

FULL NAME OF CHILD Dorothy Winifred Irwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Aug 30 1920

FATHER		MOTHER	
FULL NAME	Frank Irwin	FULL MAIDEN NAME	Hazel Bakarah
RESIDENCE	Paulina, Ida	RESIDENCE	Paulina, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was full alive (Born alive or stillborn) at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-24-1920 R. L. Nolth Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-102-039-236

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83788

County of Power

City of Amer. Falls

Registration District No. 25

File No. 5

No. ..... St.

Primary Registration District No. 0072

Registered No. 222

Hospital .....

FULL NAME OF CHILD Kirby Earl Torrance Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept. 7 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kirby E. Torrance	FULL MAIDEN NAME	Beatrice Mary Stone
RESIDENCE	Amer. Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Texas
OCCUPATION	Mgr. Newspaper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Amer. Falls

Filed 9-24-1920 R. J. Roth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—Rev. 6-41

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

NOV 17 1941

PLACE OF BIRTH

FEB 11 1965

MAR 10 1967

FEB 12 1973

231-168-033-230

PLACE OF BIRTH

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 8378

Primary Registration District No. W72 Registered No. 223

Milton

FULL NAME OF CHILD Robert Blake

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 8 1920

FATHER		MOTHER	
FULL NAME	Fred Blake	FULL MAIDEN NAME	Lydia Scherer
RESIDENCE	Amer. Falls. PO	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 a. M. on the date above stated.

(Signature) C. F. Schuetz

(Physician or midwife)

Address Amer. Falls.

Filed 9-24-20 R. F. Nott Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC issued Jan. 29, 1941

FEB 18 1957
MAR 14 1972

563-116-039-358

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 29

File No. 83790

Primary Registration District No. 2072

Registered No. 224

FULL NAME OF CHILD GEORGE VOLLMER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	Yes	Sept 16 1920

FATHER		MOTHER	
FULL NAME	Christian Vollmer	FULL MAIDEN NAME	Hannah Lehman
RESIDENCE	Amer. Falls PO	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Russia	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ~~11 P.M.~~ on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Amer. Falls. Ida

Filed 9-24 1920 R. J. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 13 ...

County of Power }

Certificate No. 83790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for George Vollmer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 16, 1920 (DATE OF EVENT) in American Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 15, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Vollmer	George Vollmer

Subscribed and sworn to before me this 10th day of January, 1942

Notary Public, residing at American Falls, Idaho,

My commission expires October 22, 1943.

(SEAL)

Signed Mrs Hazel Vollmer

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

AMERICAN FALLS, IDAHO.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Power }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 1942

Notary Public, residing at AMERICAN FALLS, IDAHO.

My commission expires October 22, 1943

(SEAL)

Signed Andrew Vollmer

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

AMERICAN FALLS, IDAHO.

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 13 1942 By

(REGISTRAR'S SIGNATURE)

666-208-039-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital Bethany

Registration District No. 25

Primary Registration District No. 2072

File No. 83791

Registered No. 225

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fam		Yes	9 - - 1920

FATHER		MOTHER	
FULL NAME	Ralph Woodworth	FULL MAIDEN NAME	Myrtle Campbell
RESIDENCE	Bonanza Bar	RESIDENCE	Bonanza Bar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	N. Y.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard J. Noth M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address American Falls Idaho

Filed 10-4-1920 R. J. Noth

Registrar

OCT 20 1967

869-128-039-464

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls — Registration District No. 25 — File No. 83792

No. ..... St. — Primary Registration District No. 2072 — Registered No. 226

Hospital Bethany

FULL NAME OF CHILD George Milton Horst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Horst	FULL MAIDEN NAME	Laura Mounce
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White — AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Nebraska
OCCUPATION	Garage owner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Physician

(Physician [redacted])

Given names added from a supplemental report.

Address American Falls

..... 19.....

Filed 10-4 1920 R. F. Noth

Registrar — Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

159-230-041-219

PLACE OF BIRTH

name added 2-2-82

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fetton

City of Felt

Registration District No. 77

File No. 83793

No. _____ St.

Primary Registration District No. 2176

Registered No. 117

Hospital _____

FULL NAME OF CHILD Ruth Louise Geraghty

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
F				yes	Sept 30 1920

FATHER

FULL NAME Ernest John Geraghty

RESIDENCE Felt

COLOR W

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Washington D.C.

OCCUPATION Rancheman

MOTHER

FULL MAIDEN NAME Nola Bain

RESIDENCE Felt

COLOR W

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Oklahoma

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 30 P M. on the date above stated.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Address Driggs Idaho

Filed Oct 7 1920

Martha Marker Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

12-21-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 29 8 53 AM '82

State of _____ } ss.
County of _____

Certificate No. 83793
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Geraghty (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-30-20 (Date of Event)

in Felt (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ruth Louise Geraghty

Subscribed and sworn to before me this 21st day of January, 1982.

Notary Public, for State of Oregon Sandra L. Field

Residing at Multnomah County

My commission expires June 17, 1985

(Seal)

X Ruth Louise Geraghty Magness
Signature of Applicant

9821B NE Glisan Portland Ore. 97220
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Fremont~~ Idaho } ss.
County of Fremont

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January, 1982.

Notary Public, [illegible] Harrell

Residing at Ashton Idaho

My commission expires Lifetime

(Seal)

X Olga Hill
Supporting Signature

Box 36 Ashton Idaho
Street Address, City, State

1 cc pd

Cert. of Birth from State of Idaho state file # 256337 gives Thomas Claire Whittle born 5-25-37 in Driggs, mothers maiden name listed as Ruth Louise Geraghty. Viewed by V.S.

FEB 2 1982

State of Idaho Public School Diploma from Teton County gives Ruth L. Geraghty completed course of study for elementary schools on 5-11-34. Viewed by V.S.

415-116-041-892

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77

File No. 83794

No. ____ St.

Primary Registration District No. 2176

Registered No. 116

Hospital ____

FULL NAME OF CHILD Laurence Hill Dannels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Oct - 16 1920

FATHER		MOTHER	
FULL NAME	Melvin Dannels	FULL MAIDEN NAME	Bertha Mary Hibbard
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancheman	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician
(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Oct 7 1920 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

572-210-041-239

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

No. _____ St.

Registration District No. 77 File No. 83795

Primary Registration District No. 2176 Registered No. 115

Hospital _____

FULL NAME OF CHILD Alice Egbert

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
♀				yes	Sept 10 1920

FATHER		MOTHER	
FULL NAME	Robert Anderson Egbert	FULL MAIDEN NAME	Alice Strong
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancheman	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician
(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed Oct 7th 1920 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 8 1952

464-167-041-231

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77

File No. 83796

No. ..... St.

Primary Registration District No. 2176

Registered No. 114

Hospital Boyd

FULL NAME OF CHILD BOYD Moulton Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sep. 7th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Alford Moulton	FULL MAIDEN NAME	Bartha Elizabeth Blanchard
RESIDENCE	Grovont Wyoming	RESIDENCE	Grovont Wyoming
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Heber City Utah	BIRTHPLACE	Victor Idaho.
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan M. Jones

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Victor Idaho.

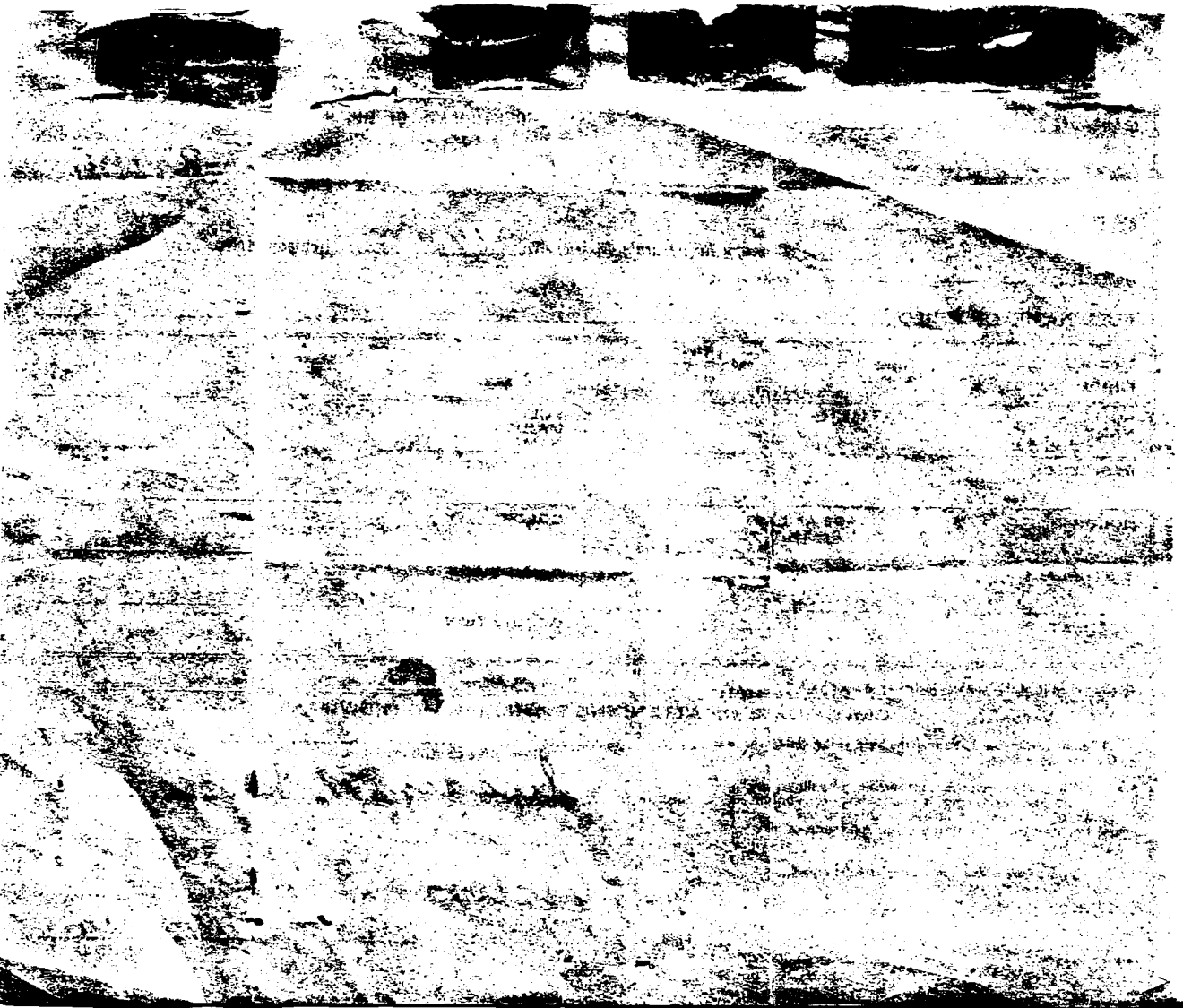
Filed Oct 7 1920 Martha Marker

Registrar

Registrar

S-Y CO. 24655

of each, in order of birth stated.



FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

MAY 12 1939

Place of Birth

City Victor Idaho

Street and House No.

County Teton

Registered No. 77

Registration Dist. No. 2176

Sex of Child Male

Date of Birth Sept. 7 1920
MONTH DAY YEAR

Father John Alfred Moulton
FULL NAME

Mother Bartha Elizabeth Blanchard
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Boyd Moulton
GIVEN NAME IN FULL SURNAME

as reported by Bartha Elizabeth Moulton
FATHER OR MOTHER

Abie M. Greene
LOCAL REGISTRAR

Please Send birth certificate Charged

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Teton

NOV 17 1941 RECEIVED

Certificate No. 83796
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Alfred Moulton Jr. (Name on original certificate) who Born (Was born or died) on September 7, 1920 (Date of event)
in Victor, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mid-wife records (Bible record, insurance policy, etc.) prepared on September 7, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	John Alfred Moulton, Jr.	Boyd Moulton

Subscribed and sworn to before me this 13th day of November, 1941

Notary Public, residing at Driggs, Idaho

My commission expires October 4, 1943

[SEAL]

Signed Bertha E. Moulton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grovont, Wyoming
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of November, 1941

Notary Public, residing at Driggs, Idaho

My commission expires Oct. 4, 1943

[SEAL]

Signed Mrs. E. Strong
(Signature of any credible person other than the previous affiant.)

Driggs, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 13 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 15-C

PLACE OF BIRTH 893-129-041-944

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tetonia

City of Tetonia — Registration District No. 77 — File No. 83797

No. ..... St. — Primary Registration District No. 2176 — Registered No. 113

Hospital .....

FULL NAME OF CHILD 2 Hill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Aug 29 1920

FATHER		MOTHER	
FULL NAME	James William Hill	FULL MAIDEN NAME	Rosie Rudolph
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Driggs Idaho

Filed Sept 8 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N.B. In case of more than one child of birth a SEPARATE DETAIL must be made for each and the number of each, in order of birth stated.

168-103-042-118

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

83798

County of Twin Falls

City of Hansen

Registration District No. 36

File No.

No. St.

Primary Registration District No.

Registered No. 69

Hospital home

FULL NAME OF CHILD Roger Dale Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 3 1920

FATHER	MOTHER
FULL NAME: Clyde G.Johnson	FULL MAIDEN NAME: Edna Bell Dayton
RESIDENCE: Hansen, Ida.	RESIDENCE: Hansen, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:35 P. M. on the date above stated.

(Signature) [signature]

physician (Physician or midwife)

Address Kimberly, Idaho

Filed Sept 12 1920

[signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1973

796-208-042-491

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 83800

No. ..... St.

Primary Registration District No. .....

Registered No. 71

Hospital Home

FULL NAME OF CHILD Betty Florence Provost

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept 8 1920

FATHER		MOTHER	
FULL NAME	Noel L. Provost	FULL MAIDEN NAME	Mattie Drake
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Rural Mail Carrier	OCCUPATION	Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kimberly, Ida.

Filed Sept 15 1920

J. N. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30

County of Twin Falls

MAY 21 19

Address Kimberly, Ida.

Filed Sept 17 19 20

Registrar

[redacted] Fa[redacted]

[redacted] 36 File No. 83801

No. ..... St.

Primary Registration District No. ..... Registered No. 72

Hospital home

FULL NAME OF CHILD Carl D.Bent

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Sept. 15 (Month) (Day) 19 20 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Calvin H .Bent	FULL MAIDEN NAME	~~Tesse~~ Jane Lowe
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 [redacted] on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Davis

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kimberly, Idaho

Registrar

Filed Sept 25 19 20 J N Davis R[redacted]

MARGIN[redacted]

WRITE PLAINLY WITH U[redacted]

N. B.—In case of more than one [redacted] and the nu[redacted]

Certified Copy issued October 30, 1940. E.W.

DEC 2 1948

192-516-042-413

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital home

Registration District No. 36 File No. 83802

Primary Registration District No. ..... Registered No. 73

FULL NAME OF CHILD Mary Olivia Arstein

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	Sept. 16 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christian M. Arstein	FULL MAIDEN NAME	Anna ~~Sophia~~ Sophia Dalquist
RESIDENCE	Murtaugh, Idaho	RESIDENCE	Murtaugh, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	~~Iowa~~ Iowa
OCCUPATION	Farmer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kimberly, Idaho.

Filed Sept. 26 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1948

893-119-042-389

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 83803

No. ..... St.

Primary Registration District No. .....

Registered No. 1

Hospital home

FULL NAME OF CHILD Paul Hickenlooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept 19 1920

FATHER	MOTHER
FULL NAME: Charles E. Hickenlooper	FULL MAIDEN NAME: Laura C. Christiansen
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 28 19 20 J. M. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1966

MAR 30 1966

238-225-012-698

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 83806

No. ..... St.

Primary Registration District No. .....

Registered No. 77

Hospital home

FULL NAME OF CHILD Catherine Schmidt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Sept. 26 1920

FATHER	MOTHER
FULL NAME: William C Schmidt	FULL MAIDEN NAME: Olive Frances Fry
RESIDENCE: Kimberly, Ida.	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Nebr.	BIRTHPLACE: Nebr,
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

(Signature) J. R. Davis

Physician (Physician or midwife)

Address Kimberly, Idaho.

Filed Sept 30, 1920

J. R. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

83806

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kimberly

Street and House No. 1522

County Twin Falls

Registered No. 77

Registration Dist. No. 96

Sex of Child Female

Date of Birth Sept. 25 1920
MONTH DAY YEAR

Father William A. Schmidt
FULL NAME

Mother Alva Frances Fry
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Catherine Schmidt
GIVEN NAME IN FULL SURNAME

as reported by Alva Schmidt
FATHER OR MOTHER

Local [illegible]
LOCAL REGISTRAR

Dist. [illegible]

SEP 16 19

819-229-042-843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83807

County of Twin Falls

City of Hansen

Registration District No. 36

File No.

No. ..... St.

Primary Registration District No.

Registered No. 78

Hospital home

FULL NAME OF CHILD Ellen Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
femal				yes	Sept. 29 1920

FATHER		MOTHER	
FULL NAME	Joy Paxton Harris	FULL MAIDEN NAME	Clara I. Hutchinson
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Washington
OCCUPATION	School janitor & clerk	OCCUPATION	Hw.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician.
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 30, 1920

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1982

693-103-042-314

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 83808

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD William E. Wilson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	9 (Month) 3 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. G. Wilson	FULL MAIDEN NAME	Sarah Tadlock
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Buhl Ida

Filed SEP 30 1920 19....

J. T. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S - [illegible] 41.

MAR 7 1974

349-104-042-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl. Registration District No. 39 File No. 83809

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Royal Joseph Currier Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	9 - 4 - 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. J. Currier.	Augusta Peterson.
RESIDENCE	Buhl.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26.	22
BIRTHPLACE	Utah.	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn), at 11.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. A. Murphy M.D.

(Physician or midwife)

Address Buhl Ida.

Filed 9-5 1920 J. A. Murphy

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

615-207-042-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83810

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD MAXINE MILLER Nance

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Fem.				yes.	9	7	20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Nance	Bessie Edna Smith
RESIDENCE	Buhl, Ida.	Buhl, Ida
COLOR	wht.	wht
AGE AT LAST BIRTHDAY (Years)	39	38
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

(Signature) Roger Jennings M D

(Physician or midwife)

Address Buhl Ida.

Filed SEP 30 1920 19

J. A. Merrifield Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1966

13 1964

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

143-108-042-251

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 83811

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Gordon William Fulmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) - 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Clinton Fulmer	FULL MAIDEN NAME	Lennie Beach
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	No. Carolina
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Geo. Jennings

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Buhl Id.

Filed SEP 30 1920 19.... J. T. Kimpley Registrar

APR 13 1964

295-208-042-433

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83812

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.				Yes.	9-8 1920

FATHER		MOTHER	
FULL NAME	C. A. Brewer.	FULL MAIDEN NAME	Mae McCubbins.
RESIDENCE	Buhl	RESIDENCE	Dover
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Wash.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 9-10 1920

J. H. Murphy
Registrar

MAR 2 8 1969
APR 3 1970

569-208-042-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 93813

No. ____ St. ____

Primary Registration District No. 7087 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Norma Kay Norris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	9	8	1920

FATHER		MOTHER	
FULL NAME	R. L. Norris	FULL MAIDEN NAME	Daisy Bell
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Real Estate	OCCUPATION	Housework

Number of child of this mother, including present birth 9 — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed SEP 30 1920

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1949

841-209-042-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83814

No. ____ St.

Primary Registration District No. 2081 Registered No. ____

Hospital ____

FULL NAME OF CHILD Barbara Qualls

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	9 - 9 - 20

FATHER	MOTHER
FULL NAME: Curtis J. Qualls	FULL MAIDEN NAME: Frances L. Sorenson
RESIDENCE: Buhl, Ida.	RESIDENCE: Buhl, Ida.
COLOR: Wht	COLOR: Wht
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M D

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

____ 19____

Registrar

Filed SEP 30 1920 J. N. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1953

339-110-042-317

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83815

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Donald Wayne Terry

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 9 (Month) – 10 (Day) – 1920 (Year)

FATHER	MOTHER
FULL NAME Walter Terry	FULL MAIDEN NAME Nannie Tagle
RESIDENCE Buhl	RESIDENCE Buhl, Id.
COLOR Wht	COLOR Wht
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Tenn.
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Geo. Jennings M D
(Physician or midwife)

Address Buhl, Id.

Filed SEP 30 1920 J. T. Murphey Registrar

JAN 1 5 1970

P.C. 4-24/41

818-211-042-449

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

Registration District No. 39 File No. 83816

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois Virginia Hayden.

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9 (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Lester Hayden	FULL MAIDEN NAME	Lois E. Durnham
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Colo
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McCluskey

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed SEP 30 1920 J. H. Murphy Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-114-042-249

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83817

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ Hurschel Calvin McKenzie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	9 (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Calhoun McKenzie	FULL MAIDEN NAME	Corlie Smirl
RESIDENCE	4 miles S x 1 mile W x 1/2 S of Buhl	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Arkansas - U.S.A.	BIRTHPLACE	Oklahoma - U.S.A.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S. Sandall

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl - Idaho

Filed 10-1 1920 J. N. Murphy

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1983

893-114-042-795 name added 1/5/83

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 83818

No. ____ St. — Primary Registration District No. 2087 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Robert Dean Hill ~~Hill~~ Hicl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				Yes	9	14	20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milton Lloyd Hill	Dorris Percy
RESIDENCE	Buhl	Buhl
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Pa.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

(Signature) Geo Jennings MD

(Physician or midwife)

Address Buhl, Ida.

Filed SEP 30 1920 J. T. Merrifield Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 83818
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed (Male) Hill (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept.14,1920 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Robert Dean Hill

Subscribed and sworn to before me this 5 day of January, 1983.
Notary Public, Teresa L. Clemerly
Residing at Boise, Idaho
My commission expires April 3, 1985
(Seal)

Robert D. Hill
Signature of Applicant
Box 423 Nampa Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security card from Robert D. Hill # 518-10-6967 dated Apr. 17, 1961 viewed by V. S.

JAN 5 1983

Own child's birth certificate on file in Idaho # 275285 born Dec. 15, 1938 in Buhl gives father's name as Robert Dean Hill born in Buhl, Idaho. Viewed by V. S.

795-116-042-239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 83819

No. ____ St. — Primary Registration District No. 2087 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Laurence Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	9 16 1920

FATHER		MOTHER	
FULL NAME	Bart Green	FULL MAIDEN NAME	Florence Sticka
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	[illegible]
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) A. E. McClusky

(Physician or midwife)

Address Buhl Idaho

Filed SEP 30 1920

J. T. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1963

359-119-042-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83820

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Leitch

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9 (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	W. R. Leitch	FULL MAIDEN NAME	Louise Parson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housework.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed SEP 30 1920

J. H. Murphy Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-220-042-241

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83821

No. ..... St.

Primary Registration District No 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lillian Maxine Cheney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	9 (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. E. Cheney	FULL MAIDEN NAME	Effie Smally
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	New Mexico	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Registrar

Filed SEP 30 1920

J. H. Wearfley Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1976

445-220-042-236

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 83822

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	9 (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	B. F. Duncan	FULL MAIDEN NAME	Ida May Stone
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed SEP 30 1920 J. H. Mercofley Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-221-042-794

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 83823

Registered No. .....

FULL NAME OF CHILD Margaret Irene White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) 21 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Ira Eugene White	FULL MAIDEN NAME	Goldie Grubb
RESIDENCE	Buhl - Ida.	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Nebraska - U.S.A.	BIRTHPLACE	Missouri - U.S.A.
OCCUPATION	Salesman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George B. Randall M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Buhl - Ida.

..... 19.....

Filed 10-1 1920 J. H. Murphy Registrar

..... Registrar

K

JUN 3 1943

Amended 8-26-60

PLACE OF BIRTH

168-122-042-261

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 83824

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Paul Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 22, 1920

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: August W. Johnson	FULL MAIDEN NAME: Selma Swanson
RESIDENCE: Buhl, Ida.	RESIDENCE: Buhl, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

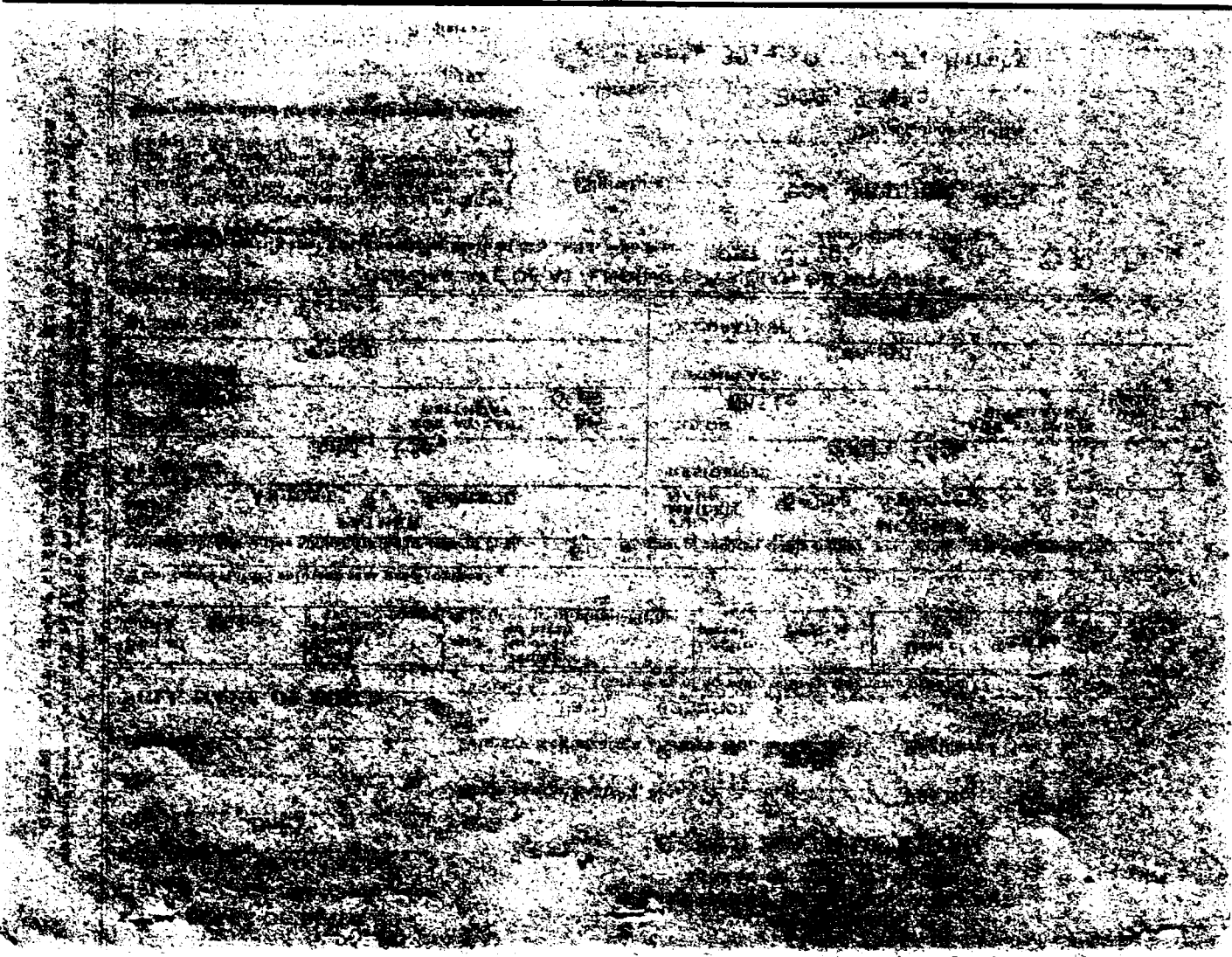
(Signature) Geo. Jennings, M.D.

(Physician or midwife)

Address Buhl, Idaho

Filed Sept. 30, 1920 J.H. Murphy

Registrar.



Marriage record dated 1908, gives mothers name as Selma Swanson. Viewed by VS.
Letter, dated June 5, 1907, addressed to Miss Selma Swanson. Viewed by VS.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 83824

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who born (Was Born or Died) on Sept. 22, 1920 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Paul [redacted] Johnson
Full Maidan Name of Mother	Selma Swanson	Selma Swanson

Subscribed and sworn to before me this 15th day of July, 1960

Signed x Selma Swanson Johnson.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Buhl, Idaho
My commission expires 10-19-62
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at
My commission expires
(Seal)

(Street Address, City, State)

FORM DPH 55.155 NNCL 12-19-58 one copy pd.

Family record book, ovbiously old, gives name as Paul Whitheney Johnson. Viewed by V.S. Letter dated Aug. 25, 1950, to Mr. and Mrs. Paul Johnson . Viewed by VS.

249-225-042-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83825

No. ..... St.

Primary Registration District No. 2081 Registered No. .....

Hospital .....

FULL NAME OF CHILD LAURA JOY Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				Yes	9 - 25 - 1920

FATHER	MOTHER
FULL NAME Glen Smith	FULL MAIDEN NAME Emma Sternhagen
RESIDENCE Buhl, Ida.	RESIDENCE Buhl
COLOR Wht	COLOR Wht
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Iowa	BIRTHPLACE N. Dak.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Jennings M.D.

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed SEP 30 1920

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles, }

OCT 14 1941

Certificate No. 83825
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Laura Joy Smith (Name on original certificate) who was born (Was born or died) on Sept. 25, 1920 (Date of event)
in Buhl, Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true ~~facts as shown by~~ / prepared on (Give date), are:
(Bible record, insurance policy, etc.)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Smith	Laura Joy Smith

Subscribed and sworn to before me this 9th
day of Oct., 1941
[illegible]
Notary Public, residing at Bellflower, Calif.
My commission expires Sept. 16, 1945
[SEAL]

Signed Willie Glen Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
818 Bellflower Blvd., Bellflower, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles, }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of Oct. 1941
[illegible]
Notary Public, residing at Bellflower, Calif.
My commission expires Sept. 16, 1945
[SEAL]

Signed Emma Smith
(Signature of any credible person other than the previous affiant.)
818 Bellflower Blvd., Bellflower, Calif.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 15 1941

959-125-042-545

amend 3-30-82

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 83826

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Orval Ernest Reinke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	9 25 1920

FATHER		MOTHER	
FULL NAME	Ernest A Reinke	FULL MAIDEN NAME	Ella Eden
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phy

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed SEP 30 1920 19.... J. F. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

3-22-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 83826
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Rienke (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-25-20 (Date of Event)

in Buhl (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
fathers name	Earnest Rienke	~~Ernest A Reinke~~
~~childs name~~	~~Unnamed Rienke~~	~~Orval Ernest Reinke~~

Subscribed and sworn to before me this 29th day of March, 1982.

Notary Public, Alta Gannon

Residing at Buhl, Idaho

My commission expires Continuous

(Seal)

x Orval E. Reinke
Signature of Applicant

Buhl Idaho Route #1
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1982.

Notary Public, Alta Gannon

Residing at Buhl Idaho

My commission expires Continuous

(Seal)

Oscar R Jagels
Supporting Signature

709 13 Ave N Buhl
Street Address, City, State

Credit

Cert of Baptism for Orval Ernest Reinke.child of Mr Ernest Reinke and Flla Eden born Buhl, ID on 9-25-20 was baptised in Trinity Ev. Luth. Church on 10-10-20. Viewed by V.S.

MAR 30 1982

Marriage License and Certificate for Orval E Reinke and Maurine Sebroeder married 1-26-47 in Buhl. Viewed by V.S.

Agreement for Sale dated 9-29-58 gives Ernest A Reinke and Flla A Reinke husban and wife of Buhl as parties in the sale. Viewed by V.S.

Agreement of Sale dated 9-22-60 gives Ernest A Reinke and Flla A Reinke husband and wife as buyers in said agreement. Viewed by V.S.

793-227-042-691

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 83828

No. ____ St. ____

Primary Registration District No. 2087 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Vera Nicey Gilley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem				yes	9 - 27 - 1920

FATHER

FULL NAME: Billey B. Gilley

RESIDENCE: Buhl Ida

COLOR: wht — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Texas

OCCUPATION: ____

MOTHER

FULL MAIDEN NAME: Myrtle E. Frazier

RESIDENCE: Buhl

COLOR: wht — AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Texas

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) George Jennings MD

(Physician or midwife)

Address Buhl Ida

Filed SEP 30 1920 19

J. H. Wineley

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ohio } ss.
County of Butler }

Certificate No. 83828
Date Filed APR 20 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Vera Nicey Gilley (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 27, 1920 (DATE OF EVENT)
in Buhl, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Gilley	Vera Nicey Gilley

Subscribed and sworn to before me this 15th day of April, 1943

J. W. Llewellyn

Notary Public, residing at Hamilton, Ohio

My commission expires J. W. LLEWELLYN, Notary Public
(SEAL) My Commission Expires July 7, 1943

Signed Mrs Myrle Gilley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

212 So. G St, Hamilton, Ohio
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio } ss.
County of Butler }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1943

J. W. Llewellyn

Notary Public, residing at Hamilton O.

My commission expires J. W. LLEWELLYN, Notary Public
(SEAL) My Commission Expires July 7, 1943

Signed Mildred Brodt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

210 South "G" St. Hamilton, Ohio
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

396 - 227-042 - 334

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 83829

No. ____ St. — Primary Registration District No. 2087 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Jane Crouthers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl	and	1	yes	9	27	1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. F. Crouthers	Ethel Cluff
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Colo.	Michigan
OCCUPATION	R. D. Mail carrier	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 noon on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) A. F. McClusky

(Physician or midwife) Phys.

Address Buhl Idaho

Filed SEP 30 1920

J. A. Murphy
Registrar

285-128-042-695

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 83830

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Paul Priestley Shelton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred P. Shelton	FULL MAIDEN NAME	Ruby Windmiller
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed SEP 30 1920 J. T. Murfley Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1943

845-230-042-169-2

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. 10 miles SW St.

Hospital

Registration District No. 39

File No. 83831

Primary Registration District No. 2087

Registered No.

FULL NAME OF CHILD Matilda May Hunt.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	9 30 1920

FATHER		MOTHER	
FULL NAME	John Thomas Hunt.	FULL MAIDEN NAME	Addie Joiner.
RESIDENCE	10 miles South west of Buhl	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Texas - U. S. A.	BIRTHPLACE	Texas - U. S. A.
OCCUPATION	Farming.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George B. Randall M.D.

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Buhl - Ida

19

Filed 10-1 1920 J. H. Humphrey

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318 - 116-042-799

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 281 Jefferson St.

Hospital County.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83832

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Harry J. Taylor Jr.

Sex of Child Male | Twin Triplet or other? X (To be answered only in event of plural births) | and Number in order of birth First | Legitimate? Yes. | Date of Birth Sept 16 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Harry J. Taylor.

RESIDENCE Twin Falls.

COLOR White. AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Illinois

OCCUPATION Clerk.

MOTHER

FULL MAIDEN NAME Mabel Grunsted

RESIDENCE Twin Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Texas.

OCCUPATION Housewife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

(Physician or ~~midwife~~)

Address Twin Falls Ida

Given names added from a supplemental report.

19

Registrar

Filed Sept 24 1920 John F. Coughlin

Registrar

MAR 26 1942

769-108-042-993

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37 File No. 83833

No. 121 Van Buren St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Alton Emerson Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes.	Oct. 8 1920

FATHER

FULL NAME: Elza Emerson Porter

RESIDENCE: Twin Falls.

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Kansas.

OCCUPATION: Works Heinicke Cons. Co.

MOTHER

FULL MAIDEN NAME: Pearl Pauline Richardson

RESIDENCE: Twin Falls.

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Oregon

OCCUPATION:

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:20 P.M. on the date above stated.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address

Filed Oct 12 1920 John T. Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1974

Dup of 1920-85550

819-122-042-238

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls.

No. 140 Addison Ave E. St.

Hospital

Registration District No. 37 File No. 83834

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Willard Fredrick Harder.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Carl A. Harder.	FULL MAIDEN NAME	Verna E. Schultz
RESIDENCE	Jordan Valley Oregon	RESIDENCE	Jordan Valley Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado.	BIRTHPLACE	Colorado.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 510 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. A. Emes

Phy.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida.

Filed Sept 30 1920 John F. Coughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

819-125-042-214

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 88835

No. 14a Addison Ave E. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD William Oliver Harstad

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept 25 1920

FATHER		MOTHER	
FULL NAME	Oliver Harstad	FULL MAIDEN NAME	Amy Kautz
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Norway	BIRTHPLACE	Ohio
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlin
MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed: Oct 1 1920 John F Coughlin
Registrar

795-207-042-665

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

Name added 10-23-80

City of

No. R.F.D. No 2 St.

Hospital ✓

Registration District No. 37 File No. 83836

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Greene, TERESA MAE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	✓	yes	Oct 7 1920

FATHER		MOTHER	
FULL NAME	Chas E. Greene	FULL MAIDEN NAME	Anna M. Opeifaup
RESIDENCE	Twin Falls Co R F D No 2	RESIDENCE	Twin Falls Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Salt Lake City. Ut.	BIRTHPLACE	Temas Hungary.
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth (1) One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 12 1920 John F Coughlin Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 26 11 24 AM '79

State of Oregon
County of Polk } ss.

Certificate No. 83836
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Green (female) who was born on Oct 7, 1920
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Twin Falls, Idaho are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Green	Teresa Mae Greene
father's last name	Green	Greene

Subscribed and sworn to before me this 19th day of
June, 19 79
Notary Public, Nancy Young
Residing at 1211 No. Water (POB-699 Wallace Road) Silverton, Ore. Salem, Ore.
My commission expires 5/5/80
(Seal)

Teresa Mae Greene w/ Whitehurst
Signature of Applicant
450 Rosemont Ave NW Salem Ore 97304
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Polk } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of
June, 19 79.
Notary Public, Nancy Young
Residing at same as above
My commission expires 5/5/80
(Seal)

Barbara Stumbo Elofson
Supporting Signature
10655 Liverman Road, S. E., Sumsville, Ore.
Street Address, City, State

CL 5/18/79 1bc pd. rec. # 13602

High school diploma issued by the Twin Falls High School gives name as Teresa Mae Greene. Graduated May 19, 1938.
Viewed by V.S.

Certificate of Marriage issued by the Saint Edward's Church of Twin Falls gives name as Teresa Greene. Married November 5, 1938, in the Roman Catholic Church with H. E. Heitman officiating.
Viewed by V.S.

Own child's birth certificate on file with Idaho gives name as Jerry Ann Whitehurst as child of Teresa Mae Greene. Child born December 15, 1939, state file # 288726.
Viewed by v.s.

457-202042-442

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83837

Primary Registration District No. 1685 Registered No. .....

FULL NAME OF CHILD Dexter. DOROTHY LYNN DEXTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Sept 2 1926

FATHER

FULL NAME Howard Dexter

RESIDENCE Filer Idaho

COLOR white AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Canada

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Ruth Musser

RESIDENCE Filer, Idaho

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Hart Goodrich
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Oct 12 1926 John F Coughlin
Registrar

APR 2 1953

DECEASED

699-111-045-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

Registration District No. 37 File No. 83838

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD KENDALL R. Wright

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leon Wright	FULL MAIDEN NAME	Mary McLeod.
RESIDENCE	T. F.	RESIDENCE	T. F.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Mont
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Gouchek.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

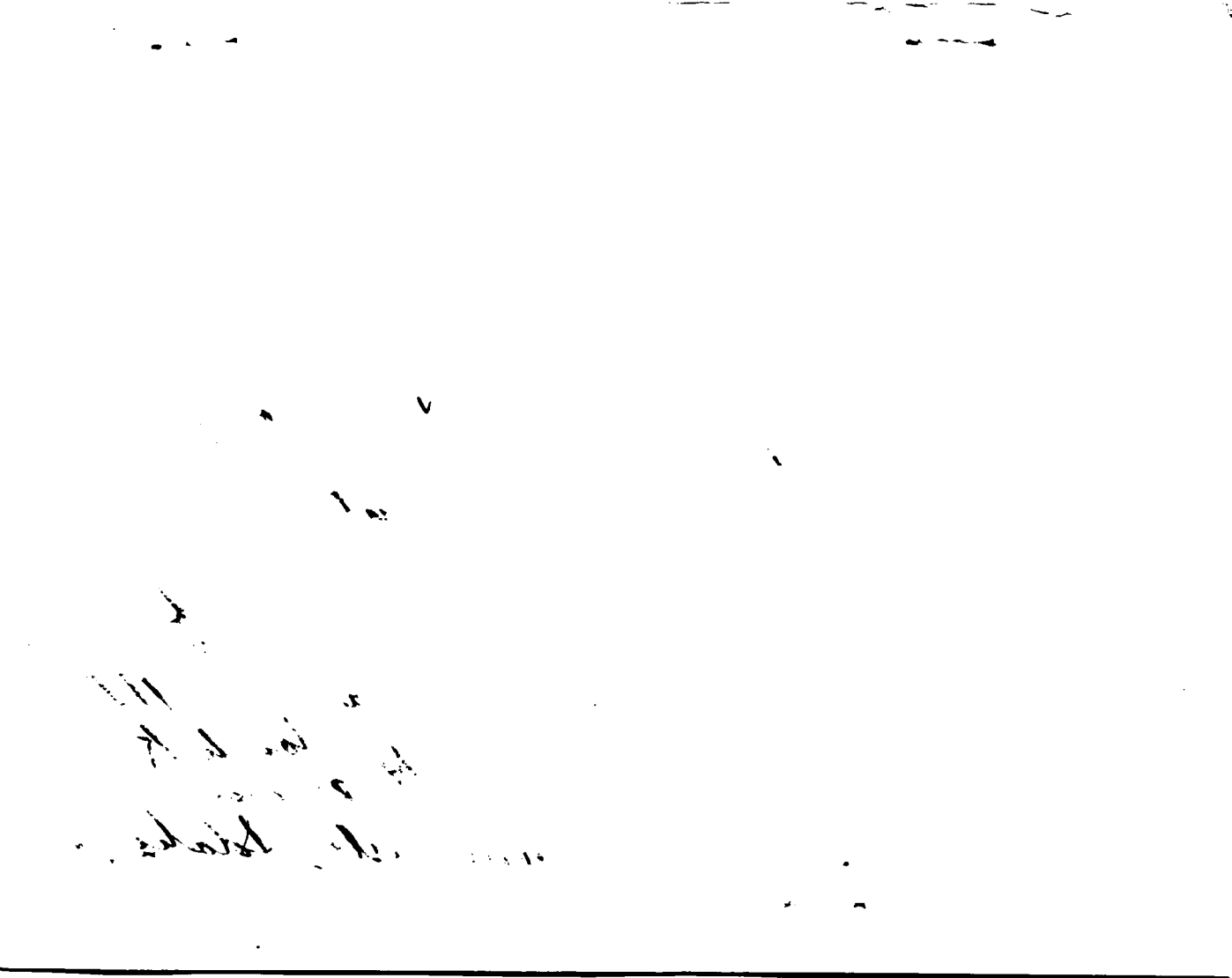
Address Twin Falls Idaho

Filed Oct 12 1920 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 83838

JAN 31 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed Wright (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 11, 1920 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 29, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	~~Kenneth~~ R. Wright Kendall

Subscribed and sworn to before me this 29 day of January, 1942.

C. J. Foreman

Notary Public, residing at Twin Falls Ida.

My commission expires Feb 18—1945

(SEAL)

Signed Mrs Mary Wright

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route 2 Twin Falls Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of January, 1942.

C. J. Foreman

Notary Public, residing at Twin Falls,

My commission expires Feb 18—1945

(SEAL)

Signed C. J. Foreman

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Idaho 760 2nd Ave E Twin Falls Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 31 1942 By

(REGISTRAR'S SIGNATURE)

MAR 30 1949

JAN 5 1943

316-117-042-796

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 255 - 4 Ave E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83839

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Cawood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept 17 1920

FATHER		MOTHER	
FULL NAME	Wm Cawood	FULL MAIDEN NAME	Ina Grove
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Tenn	BIRTHPLACE	Kans
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Houchek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Idaho

Filed Oct 12 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-221-042-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 515-5W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83840

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Hill, Patricia Jeanne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes.	Sept 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy D Hill	FULL MAIDEN NAME	Bonnie Backus
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Ohio
OCCUPATION	Engineer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Jonchek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls, Idaho

Filed Oct 12 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

795 - 1 21 - 042 - 866

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " " "

Registration District No. 37 File No. 83841

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD JAMES HOWELL GREEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	9 21 1920

FATHER	MOTHER
FULL NAME Jas. Glenn Green	FULL MAIDEN NAME Adna Howell
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR W — AGE AT LAST BIRTHDAY 32 (Years)	COLOR W — AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T B Mason

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Oct 12 1920 John F Coughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Champaign }

Certificate No. 83841

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unnamed Green (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 21, 1920 (DATE OF EVENT) in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 20, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Green	James Howell Green

Subscribed and sworn to before me this 20th. day of January, 19 42

Earl N. Stewart

Notary Public, residing at Champaign, Ill.

My commission expires May 25, 1944

(SEAL)

Signed Mrs. Edna Green Hall
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Tolono, Illinois
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Champaign }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th. day of January, 19 42

Earl N. Stewart

Notary Public, residing at Champaign, Ill.

My commission expires May 25, 1944

(SEAL)

Signed Mrs. Charles Harper
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Tolono, Illinois
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 22 [illegible] By

(REGISTRAR'S SIGNATURE)

433-230-042-331 (name added 4-15-83)

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " " "

Registration District No. 37 File No. 83842

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Sara Verna McClellan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	9 30 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond McClellan	Elizabeth Clark
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Ida	Utah
OCCUPATION	Bank Cashier	Hse

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) T Smeaton

(Physician or ~~midwife~~)

Address Twin Falls

Filed Oct 12 1920 John F Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

3-29-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

APR 15 8 55 AM '83

Certificate No. 83842
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed McClellan (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 30, 1920 (Date of Event)

in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Sara Verna McClellan

Subscribed and sworn to before me this 12 day of April, 1983

Notary Public, Frances Hoelzfield
Residing at Royal City Wa
My commission expires 8-83
(Seal)

X Sara M. Pendleton
Signature of Applicant
264 Calla Royal City, Wa.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1983

Notary Public, [signature]
Residing at Bannock County, Idaho
My commission expires Lifetime
(Seal)

Myra McClellan Ritzman
Supporting Signature
2270 So. 2nd Ave. Pocatello, Ida
Street Address, City, State

lcc pd

Certificate of Birth from Yakima Valley Memorial Hospital gives Benjamin Karl Perdue born in Yakima on Sept 4, 1955 to Henry Lee Perdue and Sara Verna McClellan. Viewed by V.S.

APR 15 1983

Life Insurance Policy from Equitable Life Assurance Society gives Sara M Perdue as insured Policy date March 28, 1973. Viewed by V.S.

639-206
042-339

PLACE OF BIRT[redacted]

No. 11-C—25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls. Registration District No. 37 File No. 83843

No. 140 Addison E. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Ardith Marie Flinn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct. (Month) 6. (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Richard H. Flinn	FULL MAIDEN NAME	Florence Flinn
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Kansas.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Ernes

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida.

Filed Oct 12 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

689-116-042-818

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of R F Dhor

No. St.

Registration District No. 37

File No. 83844

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Eugene Harrison White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓	yes	Oct 16 1920

FATHER		MOTHER	
FULL NAME	Nathan H. White	FULL MAIDEN NAME	Eva T. Haynes
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Gaylord Kans	BIRTHPLACE	Lawrence Kans
OCCUPATION	Sgt. US Army	OCCUPATION	Hwf.

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Alexander

Phys. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 19 1920 John F Coughlin Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1945

JAN 21 1954

14-61-4

4/9-109-042-245

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls. Registration District No. 37 File No. 83845

No. X St.

Hospital County Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD DARRELL MAX MARKT

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes.	Sept 9 1920

FATHER	MOTHER
FULL NAME: Mrs Thos Markt.	FULL MAIDEN NAME: Charline Kunkel
RESIDENCE: Oregon, Missouri	RESIDENCE: Oregon, Missouri
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Farmer.	OCCUPATION: H's wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10 P. M. on the date above stated.

(Signature) Chas R. Scott

(Physician or ~~midwife~~)

Address

Filed Sept 30 1920 John F. Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri
County of Holt } ss.

Certificate No. 83845

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for — — Markt (Name on Original Certificate) who Born (Was Born or Died) on Sept 9th 1920 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Wesley W Markt - Father (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Darrell Max Markt

Subscribed and sworn to before me this 16th day of February, 1942
Edw. E. Richards
Notary Public, residing at Oregon Mo
My commission expires Jan 22-45
(Seal)

Signed Wesley W Markt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R F D Oregon Mo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri
County of Holt } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Feby, 1942
Catherine Dawson Notary Public
Notary Public, residing at Oregon Mo
My commission expires Jan 22-'45
(Seal)

Signed E. E. Richards
(Signature of Any Credible Person Other Than Previous Year)
Oregon Mo
(Street Address, City, State)

231-105-042-34

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls. Registration District No. 37 File No. 83847

No. ..... St.

County Hosp. Primary Registration District No. 1057 Registered No. .....

Hospital

FULL NAME OF CHILD Oral Quinn Standlee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9-5-20

FATHER		MOTHER	
FULL NAME	Arley Standlee	FULL MAIDEN NAME	Ella Cannon
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	Canada.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Sept 30 1920 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1963

268-119-042-856

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ..... Registration District No. 37 File No. 83848

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital T. F. County

FULL NAME OF CHILD Francis Biederman Boyd

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 - 19 - 1920

FATHER		MOTHER	
FULL NAME	Vernon Cody Boyd	FULL MAIDEN NAME	Winifred Yeoman
RESIDENCE	Twin Falls County	RESIDENCE	Twin Falls County
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott

M.D.
(Physician or midwife)

Address Twin Falls

Filed Sept 30 1920 John F Coughlin
Registrar

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/7/41. w.h.

453-223-042-864

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Ida. Registration District No. 37 File No. 83849

No. ____ St.

Hospital County Hosp. Primary Registration District No. 1075 Registered No. ____

FULL NAME OF CHILD Elizabeth Louise Detweiler BETTY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Aug	23	1920

FATHER

FULL NAME William Detweiler

RESIDENCE Filer, Ida.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Souderton, Penna.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Gertrude Ellen Homan

RESIDENCE Reading, Penna.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Reading, Penna.

OCCUPATION Hsekp.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Frank A. Dwight M.D.

(Physician or midwife)

Address Filer Ida

Filed Sept 30 1920 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome

Certificate No. 83849

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for ELIZABETH LOUISE DETWEILER (Name on Original Certificate) who WAS BORN (Was Born ~~or Died~~) on AUGUST 23 - 1920 (Date of Event)
in TWIN FALLS - IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BAPTISM CERTIFICATE (Bible Record, Insurance Policy, Etc.) prepared on MARCH 19 - - 1922. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elizabeth Louise	Betty Louise Detweiler

Subscribed and sworn to before me this 31st
day of July, 19 43.

Notary Public, residing at Hazelton, Idaho
My commission expires April 10, 1947
(Seal)

Signed W H Detweiler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

HAZELTON - IDAHO.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of July, 19 43.

Notary Public, residing at Hazelton, Idaho
My commission expires April 10, 1947
(Seal)

Signed E Finkelnburg
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 6 1943

419-107-042-318

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83850

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Albert Edward Dazley

Sex of Child Male | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Aug 7 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Albert Edward Dazley	FULL MAIDEN NAME	Clara Ann Taylor
RESIDENCE	407-4th Ave North	RESIDENCE	407-4th Ave North
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	England	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:50 P. M. on the date above stated.

(Caesarean Section)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Wancott

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Id

Filed Sept 30 1920 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8

815-125-042-614

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 83851

No. Co St.

Primary Registration District No. 1085 Registered No.

Hospital County

FULL NAME OF CHILD William Herbert Hanes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	8/25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert H Hanes	FULL MAIDEN NAME	Elsie Waddell
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Teete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 30 1920

John Laughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1944

JAN 1 0 1973

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth

Registration District No. ..... State File No. [illegible]

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Arthur Jack McCartney

3. Sex Male	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? Yes	8. Date of birth October 16, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name Glenn Ervin McCartney	18. Full maiden name Flora Ellen Karn
10. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Rupert, Idaho
11. Color or race Wh | 12. Age at last birthday 34 (years)	20. Color or race Wh | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) Labette County (State or Country) Kansas	22. Birthplace (city or place) Altamont (State or Country) Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 11: at p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed October 19, 1920 John F. Coughlin
Registrar.

Registrar.

AUG 1 2 1942

APR 26

NOV 28 195

OCT 1 1954

JAN 2

622-113-042-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. Twin Falls File No. 83854

Primary Registration District No. 1025 Registered No. .....

FULL NAME OF CHILD Frank Walter Osborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	9 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank Perry Osborn	FULL MAIDEN NAME	Belva May Walter
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Heaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Smith Rice Bldg. Twin Falls, Ida.

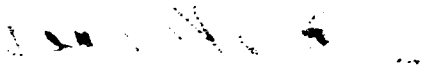
Filed Oct 14 1920 John F. Creighton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 8 1968



962-201-042-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

83855

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. .....

Registered No. .....

FULL NAME OF CHILD ..... MYRLE THERESA ROBINSON .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 1 1920

FATHER		MOTHER	
FULL NAME	Howard Whittier Robinson	FULL MAIDEN NAME	Lula Wall
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	New York	BIRTHPLACE	Pennsylvania
OCCUPATION	mechanical Dentistry	OCCUPATION	House wife

Number of child of this mother, including present birth ..... 3 ..... Number of children of this mother now living, including present birth ..... 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) ....., at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crossland

Osteopathic Physician
(Physician or midwife)

Address Smith-Rice Bldg. Twin Falls, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 15 1920

John F. Caughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of _____

Certificate No. 83855

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Myrle Theresa Robinson (Name on Original Certificate) who Born (Was Born or Died) on August 1, 1920 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Myrle Theresa Robinson

Subscribed and sworn to before me this 3rd
day of July, 1942.
Helen E. Hauerkamp.
Notary Public, residing at San Diego, Calif.
My commission expires My Commission Expires April 28, 1946
(Seal)

Signed Lula Myrle Robinson (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUL 6 1942

JUL 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

551-116-0242-154

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

Form V. S. No. 11-C—20m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83856

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Raymond Vern Evans

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	Aug 12 1920

	FATHER	MOTHER
FULL NAME	Robert Evans	FULL MAIDEN NAME Maud Andrews
RESIDENCE	Filer Idaho	RESIDENCE Filer
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	N C	BIRTHPLACE N C.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4:30 alive at 4:30 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Myers M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Sept 15 1920 Helen F Coughlin

Registrar

Certified Copy issued Jan. 16, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STEP 1 208-042-216

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 83857

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Helen Sylvia Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	9 8 1920

FATHER		MOTHER	
FULL NAME	Robert J Lewis	FULL MAIDEN NAME	Hulda Sjoberg
RESIDENCE	173 Adams St Twin Falls, Ida	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Logan Utah	BIRTHPLACE	Millville Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Smith Rise Bldg Twin Falls Ida

Filed Sept 23 1920 John F. Coughlin Registrar

OCT 1 3 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 11 11 33 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Francisco } ss.

Certificate No. 83857

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Lewis (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1920 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Helen Sylvia Lewis

Subscribed and sworn to before me this 6th day of November, 19 72.

PHILLIP M. TINSON
Notary Public - California
City and County of San Francisco
My Commission Expires Sept. 22nd 1976

Notary Public, residing at San Francisco

My commission expires Sept. 22nd 1976

(Seal) San Francisco

Signed Emma Irene Lewis Pinnell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

255 Via Monte, St. Helena Calif 94574
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of NAPA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of May, 19 73

Harriett S. Worthington

Notary Public, residing at Napa Calif

My commission expires 7/27/74

(Seal)

Signed Mrs Veda Hulett
(Signature of Any Credible Person)

4417 Mossitt Dr. Napa Ca 94558
(Street Address, City, State)

OFFICIAL SEAL
HARRIETT S. WORTHINGTON
NOTARY PUBLIC - CALIFORNIA
NAPA COUNTY
My Commission Expires July 27, 1974

FORM DH 60-155 CL 10/13/72

Certif. of Baptism and Confirmation from the LDS Church gives the child's name as Helen Sylvia Lewis daughter of Robert T. Lewis and Hulda Sjoberg. Born Sept. 8, 1920. Was Baptized Oct. 5, 1929. Viewed by V. S.

MAY 30 1973

Certificate of Marriage from California gives groom's name as Edmund Michael Paczkowski. and the bride's name asHelen S. Lewis. Dated Sept. 3, 1944. Viewed by V. S.

339-206-042-818

[redacted]

Form V. S. No. 11-C—Rev. 6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 451-3rd Ave. S. St.

Registration District No. 87 File No. 83858

Primary Registration District No. 1855 Registered No.

Hospital

FULL NAME OF CHILD Retha Mable Clifton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3rd	yes	Aug 6 1920

FATHER		MOTHER	
FULL NAME	Troy Clifton	FULL MAIDEN NAME	Minnie ~~Ray~~ Haynes
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ark.
OCCUPATION	Com Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) J. P. Hayes M.D.

(Physician or midwife)

Address Twin Falls Idaho

Filed Sept 23 1920 John T. Laughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DAHO

BUREAU OF VITAL STA

FLAGS OF BIRTH

Comp. of .....

RECORD

Page 1 of 2

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
SEP 28 1967
Bureau of Vital Statistics

State of California
County of Tulare } ss.

Certificate No. 83858

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Clifton (female child) who was born on Aug. 6, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Retha Mable Clifton

Subscribed and sworn to before me this 26th day of Sept, 19 67

Florence A. Horton
Notary Public, residing at Exeter, California
My commission expires FLORENCE A. HORTON NOTARY PUBLIC
(Seal) MY COMMISSION EXPIRES JUNE 14, 1971

Signed Wilma A. Clifton (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

380 South Juniper, Exeter
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Tulare } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of Sept, 19 67

Florence A. Horton
Notary Public, residing at Exeter, Calif
My commission expires
(Seal)

Signed Troy L Clifton (Father)
(Signature of Any Credible Person)

380 South Juniper, Exeter
(Street Address, City, State)

FORM DH 60-155

CL 9-19-67. one copy pd. rec. #20615.

State of California, Tulare County, Diploma of Graduation from eighth grade, dated May 25, 1934 gives full name as Retha M. Clifton - viewed by V.S.

JAN 9 1968

War Ration Book One (Stamps), No. 324339 -27, dated May 5, 1942 gives full name as Retha Mabel Clifton - viewed by V.S.

correction ok'd by Mr. B.

413-108-042-399

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 83859

No. ..... St.

Hospital County Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Charles Bernard Macauley

Sex of Child	~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 8th 1920

FATHER		MOTHER	
FULL NAME	Thomas Chas. Macauley	FULL MAIDEN NAME	Libbie Jane Tuttle
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Omaha Nebr.	BIRTHPLACE	Jackson Minn
OCCUPATION	Cigar Business	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

(Signature) John F. Coughlin

(Physician or midwife)

Address Twin Falls Ida

Filed ..... 19.....

John F. Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1968

684-213-042-366

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 762 S. Washington St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83860

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Pheba C. F. Wyman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	July 13 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur L. Wyman	FULL MAIDEN NAME	Fern F. Lowe
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phy (Physician or midwife)

Given names added from a supplemental report.

Address Twin Falls Ida

19

Filed Sept 23 1920 John F. Coughlin

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1970

FEB 2 5 1975

419-201-042-443

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 354 4th Ave W. St.

Hospital

Registration District No. 37 File No. 83861

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Cornelia Jeannette Marcus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Richard John Marcus	FULL MAIDEN NAME	Jeannette Mulder
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Zetten, Holland	BIRTHPLACE	Nynegen, Holland
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Lawyer, D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address Twin Falls, Ida

Filed Sept 23 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-130-042-493

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 83868

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	8 (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm. Edwin Kendall	FULL MAIDEN NAME	Ethel Julia Millard
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oxford, Ill	BIRTHPLACE	Preston Ida
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Smith Rice Bldg. Twin Falls Ida

Filed Sept 23 1920 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-214-042-215

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83863

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Rhoda Kathryn Avery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9-14 1920

FATHER		MOTHER	
FULL NAME	Harry Grant Avery	FULL MAIDEN NAME	Katherine Rhoda Kautz
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas.	BIRTHPLACE	Tehr.
OCCUPATION	Agricultural Agent	OCCUPATION	Housf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Laughlin

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls

Filed 9-23 1920 John F. Laughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1984

318-221-042-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 400 Walnut St St.

Hospital

Registration District No. 37

File No. 83864

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Lahue, Ilene Gertrude

Sex of Child F

Twin Triplet or other? ✓ and Number in order of birth ✓
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Aug (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Dewitt Lahue	FULL MAIDEN NAME	Adelaide M. Smith
RESIDENCE	400 Walnut St Twin Falls Ida	RESIDENCE	400 Walnut St
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wills point Texas	BIRTHPLACE	Bathurst N.B. Canada
OCCUPATION	Teamster	OCCUPATION	Hwy

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Hastings
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Sept 23 1920 John F. Coughlin
Registrar

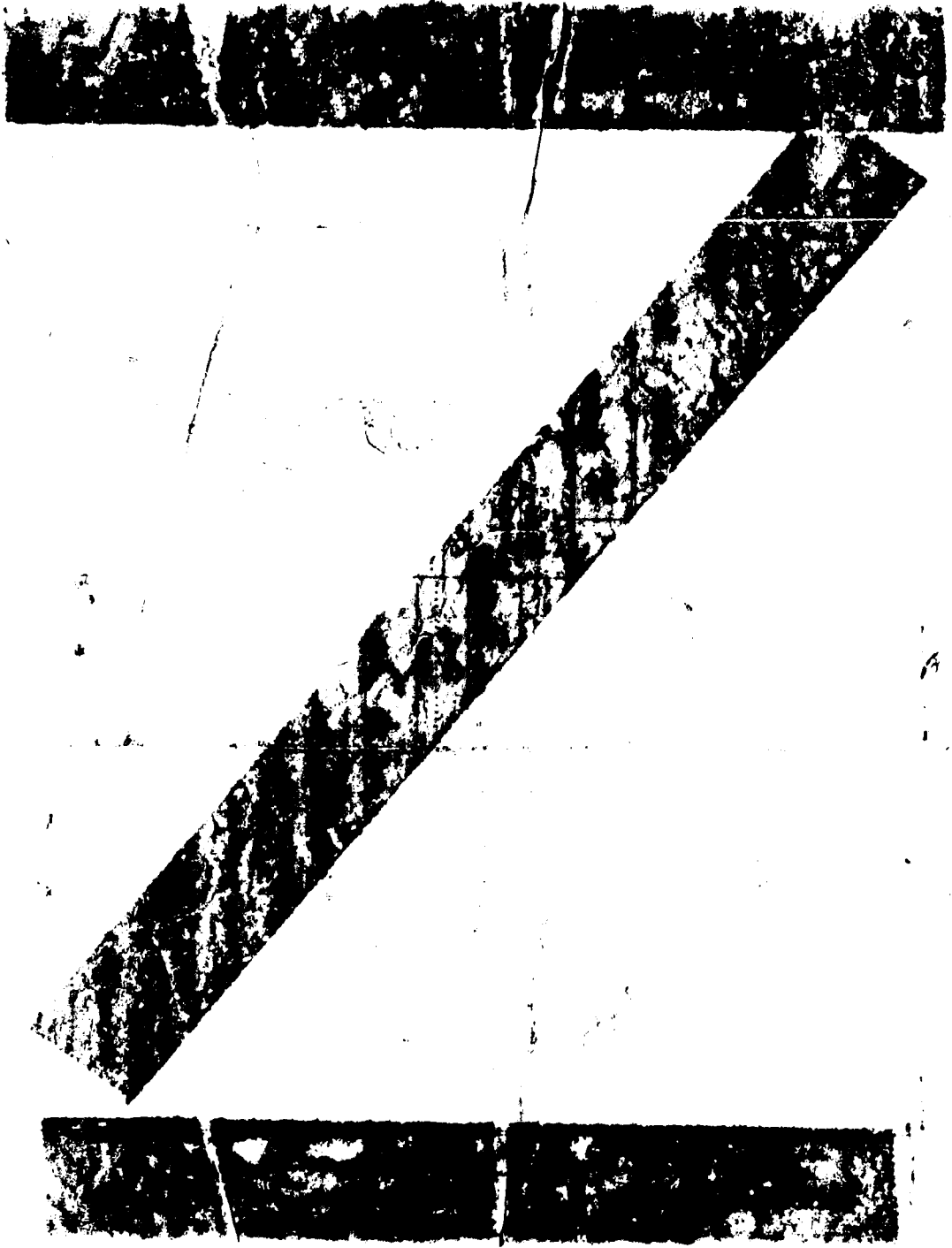
S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



Own child's birth cert. #403307, shows name as Ilene Gertrude Lahue, viewed by VS.
Idaho Marriage License & Certificate, Nov. 24, 1937 gives brides name as Ilene Gertrude Lahue - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 83864

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named Lahue (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1920 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Not named Lahue	Ilene Gertrude Lahue

Subscribed and sworn to before me this 14 day of August, 1939

Ruth K. Joyner
Notary Public, residing at Twin Falls, Idaho
My commission expires My Commission Expires May 6, 1943
(Seal)

Signed Mrs Dewitt Lahue
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Mother)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

AUG 19 1959

DEC 23 1988

381-208-042-769

PLACE OF BIRTH

Form U. S. No. 11-C—85m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 83865

Registered No. .....

FULL NAME OF CHILD MARY CHAVEZ

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	9 8 1920

FATHER	MOTHER
FULL NAME: Antonio ~~Chabez~~ CHAVEZ	FULL MAIDEN NAME: Eulalia Portillo
RESIDENCE: Twin Falls Ida	RESIDENCE: Twin Falls Ida
COLOR: Mexican — AGE AT LAST BIRTHDAY 33 (Years)	COLOR: Mexican — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE: Mexico	BIRTHPLACE: Mexico
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Smith Rice Bldg Twin Falls Ida

Filed Sept 23 1920 John Glenn Allen Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 83865
County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Chavez (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8th 1920 (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by National Ins. Co. Policy 16941352 (Bible Record, Insurance Policy, Etc.) prepared on January 24, 1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary
Surname	Chabez	Chavez

Subscribed and sworn to before me this 15th day of May, 1943.

Charles B. Halley
Notary Public, residing at Los Angeles Calif.
My commission expires May 5th 1945
(Seal)

Signed Eulalia P. Chavez
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
222 No Eastman Ave Los Angeles Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ~~15th~~ 15th day of May, 1943.

Charles B. Halley
Notary Public, residing at Los Angeles Calif.
My commission expires May 5th 1945
(Seal)

Signed Isabel C. Aguilar
(Signature of Any Credible Person Other Than Previous Year)
3579 E. 1st Los Angeles Calif.
(Street Address, City, State)

JUN 1 1943

943-110-042-296

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 83866

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Leroy Zulkey

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 9 (Month) 10 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Mark Luther Zulkey	FULL MAIDEN NAME Ula Minta Brown
RESIDENCE 222 Jackson St Twin Falls Ida	RESIDENCE 222 Jackson St Twin Falls Ida
COLOR white AGE AT LAST BIRTHDAY 22 (Years)	COLOR white AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Smith Rise Bldg Twin Falls Ida

Filed Sept 23 1920 John F. Coughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho Oklahoma } ss.
County of Seminole

Certificate No. 83816
Date Filed July 10, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth Sept 10, 1920 (Birth or death)
for Leroy Zulky (Name on original certificate) who was born (Was born or died) on Sept 10, 1920 (Date of event)
in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Birth		Sept 10-1920
		Glen F Roos

Subscribed and sworn to before me this 2
day of August, 19 41

Notary Public, residing at Seminole Okla

My commission expires 4/10/45
[SEAL]

Signed Glen F Roos Grand Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JAN 1 2 1966

MAR 1 6 1970

493-122-042-251

Form V. S. No. 11-G-[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83867

Primary Registration District No. 1086 Registered No. .....

FULL NAME OF CHILD Eugene Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 22 1920

FATHER		MOTHER	
FULL NAME	Ray T. Miller	FULL MAIDEN NAME	Ruth Beam
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed Sept 23 1920 John F. Coughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-230-042-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Golden Rule St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 83868

Registered No.

FULL NAME OF CHILD Leta May Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	8 30 1920

FATHER		MOTHER	
FULL NAME	Perry Roberts	FULL MAIDEN NAME	Ethel Belle Yowell
RESIDENCE	B Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Bellevue, Ida	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Smith Rice Bldg Twin Falls Ida

Filed Sept 23 1920 John F. Coughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 18[illegible]

415-225-042-643

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Twin Falls

City of ✓

No. R F D No 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83869

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Opal Ellen Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Sept 25 1920

FATHER		MOTHER	
FULL NAME	Clifton Isaac Davis	FULL MAIDEN NAME	Jessie Viola Fuller
RESIDENCE	Twin Falls Co R F D No 2	RESIDENCE	Twin Falls Co R F D No 2.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Miami Co Kans—	BIRTHPLACE	Lane Co Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife—

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

19

Registrar

Filed Oct 9 1920 John F Coughlin Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-112-042 - 364

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls Registration District No. 37 File No. 83870

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital Boyd

FULL NAME OF CHILD Richard Vance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Sept	12	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David E. Vance	Ellen Jane Compton
RESIDENCE	Hazelton, Idaho	Hazelton
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Alabama	Idaho
OCCUPATION	Civil Engineer	Home Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) [signature]

(Physician or midwife)

Address Twin Falls, Idaho

Filed Oct 9 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 4, 1940. [illegible]

393-225-042-257

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 83871

No. ..... St.

Primary Registration District No. 1685 Registered No. .....

Hospital County of Twin Falls,

FULL NAME OF CHILD Berniece Lichenstein

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept. 25 1920

FATHER	MOTHER
FULL NAME: Louis Lichenstein	FULL MAIDEN NAME: Pauline Segal
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Poland, Russia	BIRTHPLACE: Mass.
OCCUPATION: clerk, shoe salesman.	OCCUPATION: hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kimberly, Idaho

Filed Oct 9 1920 John F Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-206-042-235

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83872

Primary Registration District No. 1055 Registered No. .....

FULL NAME OF CHILD ZOLA MARIE BARSTOW

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 6 1920

	FATHER	MOTHER
FULL NAME	John A Barstow	FULL MAIDEN NAME Selmar Stevens
RESIDENCE	Twin Falls Ida	RESIDENCE Twin Falls Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE Pa
OCCUPATION	Hotel Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) John F Coughlin

Physician
(Physician or midwife)

Address Twin Falls Ida

Filed Oct 7 1920 John F Coughlin
Registrar

JUN 3 1944

239-203-042-434

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

83873

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital THRUSTON

FULL NAME OF CHILD Rosalie M Strobridge

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 9 1920

FATHER		MOTHER	
FULL NAME	Richard Strobridge	FULL MAIDEN NAME	Katherine McDermott
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mo	BIRTHPLACE	Ohio
OCCUPATION	Manager Warehouse	OCCUPATION	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

(Signature) John F Coughlin

Physician (Physician or midwife)

Address Twin Falls Ida

Filed Oct 1 1920 John F Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Barbara }

Certificate No. 83873

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Rosalie M.	Rosalie Thurston Strobridge
Date	Oct. 3rd	Oct. 3, 1920

Subscribed and sworn to before me this 4th day of March, 19 43.

Clarence E. Dodd

Notary Public, residing at Santa Maria, Cal

My commission expires Oct 2 - 1944

(SEAL)

Signed R M Strobridge

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Barbara }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March, 19 43.

Clarence E. Dodd

Notary Public, residing at Santa Maria, Cal.

My commission expires Oct 2 - 1944

(SEAL)

Signed Chas. I. McDermott

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Bradley Hotel

(STREET ADDRESS, CITY, STATE)

Santa Maria Calif

Received for filing on By

(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

367-120-042-367

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls, R.R.No. Registration District No. 37 File No. 83874

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Oscar Cox.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes.	Sept.	20,	1920.

FATHER		MOTHER	
FULL NAME	Oscar Elijah Cox.	FULL MAIDEN NAME	Nora May Cox.
RESIDENCE	Twin Falls, R. R. No. 2.	RESIDENCE	Twin Falls, R. R. No 2.
COLOR	White	AGE AT LAST BIRTHDAY	20. (Years) / 19 (Years)
BIRTHPLACE	Knox Co., Missouri.	COLOR	White.
OCCUPATION	Farmer.	BIRTHPLACE	Wiley, Neb.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn), at 1 P. M. on the date above stated.

(Signature) William F. Passer M.D.

Twin Falls, Idaho. (Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 15 1920 John Houghlin Registrar

DEC 23 1965
FEB 2 197?

366-102-042-659

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 83875

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Davis Clarence Toothman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	10 2 1920

FATHER		MOTHER	
FULL NAME	John Henry Toothman	FULL MAIDEN NAME	Florence Anna Wirsching
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Newton Co, Mo	BIRTHPLACE	Ossian, Ia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Smith Rice Bldg, Twin Falls, Ida

Filed Oct 15 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1971

515-223-042-693

PLACE OF BIRTH

Form V. S. No. 11-O—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 37 — File No. 83876

No. ..... St. — Primary Registration District No. 1085 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Vera May Van Eaton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	9 23 1920

FATHER		MOTHER	
FULL NAME	Wm. Franklin Van Eaton	FULL MAIDEN NAME	Lillian Jaquetta Willis
RESIDENCE	Rogerson, Ida	RESIDENCE	Rogerson, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	—	BIRTHPLACE	Silver Ruf, Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Weaver

Phy. Rogerson
(Physician or midwife)

Address Twin Falls Ida. Amid Rio Bldg

Filed Oct 15 1920 John T. Coughlin
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

354-225-042-312

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 83877

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Roberta Lee Lemmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	9 25 1920

FATHER		MOTHER	
FULL NAME	Robert Lemmer	FULL MAIDEN NAME	Bernice Tabor
RESIDENCE	7th Ave E. - Twin Falls Ida	RESIDENCE	7th Ave E. Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Roy Co, Mo
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

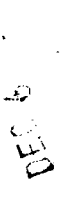
..... 19.....

Address Smith Rice Bldg Twin Falls Ida

..... Registrar

Filed Oct 15 1920 John F Loughlin Registrar

c.c. 5/20/41. w.h.



249-115-042-667

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 83878

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Smith, Wayne Wausbrough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	9 15 1920

FATHER		MOTHER	
FULL NAME	Glynn E. Smith	FULL MAIDEN NAME	Sigrid Fogelberg
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	N. Dak.	BIRTHPLACE	Pelican Rapids, Minn
OCCUPATION	Mail carrier	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Oct 15 1920 John F. Laughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-221-042-742

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh — Registration District No. 37 — File No. 83879

No. ..... St. — Primary Registration District No. 2085 — Registered No. .....

Hospital ..... ANNA JOSEPHINE XXXXXXXX

FULL NAME OF CHILD Boyle

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	8 / 21st XXXX / 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James R Boyle	FULL MAIDEN NAME	Anna Gustafson
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Teeter

Twin Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 6 1920

John F Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-218-042-261

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Registration District No. 37 File No. 83880

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Fanny Kaspara Jain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —		yes	Aug 18 1927

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ethan E Jain	Kaspara Hranson
RESIDENCE	Murtaugh	Murtaugh
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Colorado	Norway
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Leete

Twin Falls (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 6 1927 Mrs F Coughlin Registrar

JUL 9 1962

814-702-042-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer, Idaho

Registration District No. 37 File No. 83881

No. ..... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harry Beem Hammerquist Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	8 (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry Edward Hammerquist	FULL MAIDEN NAME	Mattie Evelyn Beem
RESIDENCE	Filer, Idaho	RESIDENCE	Filer, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Rapid City, S.D.	BIRTHPLACE	Livingston, Mont.
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Hauger, D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Idaho

Filed Sept 23 1920 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 3 1942

CERTIFICATE OF BIRTH

City of _____ Registration District No. _____ File No. 83881

No. _____ Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
	(To be answered only in event of plural birth)						

	FATHER		MOTHER
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) _____ M. on the date above stated.

*When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife) _____

Given names added from a supplemental report _____

Address _____

Filed _____ 19__ _____

Registrar _____ Registrar _____

Form V. S. No. 11—10m-6-20-11

[redacted] OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of 316-117-043-339

City of Cascade

Registration District No. 15

File No. 83882

No. ....., ... St.

Primary Registration District No. .....

Registered No. 246

Hospital .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	8 17 1920

FATHER		MOTHER	
FULL NAME	Purl Lawler	FULL MAIDEN NAME	Etta Cline
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	85	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	MO	BIRTHPLACE	MO
OCCUPATION	Mechanic	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Noggle

Phys (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Cascade

Filed 9-23 1920 Mary R McDonald Registrar

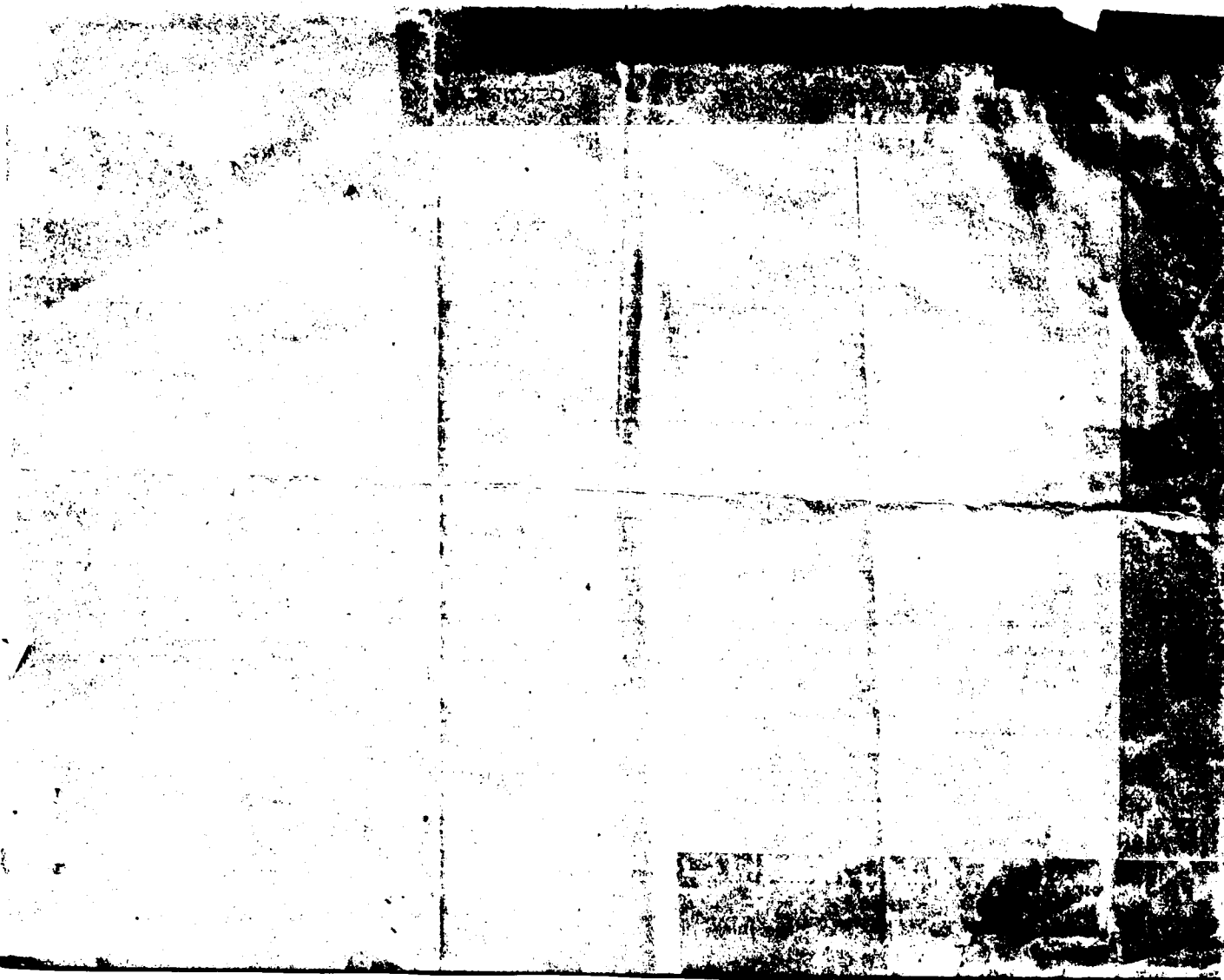
Registrar

S-V CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Filed 4-15-58 #99-222-043-513

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

Registration District No. 15 File No. 83883

Hospital ..... Primary Registration District No. ..... Registered No. 249

FULL NAME OF CHILD Virginia Eleen Mirgon
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	August 22, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles B. Mirgon	FULL MAIDEN NAME	Goldie O. Eaton
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Banker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Noggle

Physician
(Physician or midwife)

Address .....

Filed 8-23-1920 M. McDonald
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ohio } ss.
County of Benton }

Certificate No. 83883

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Mirgan (Name on Original Certificate) who born (Was Born or Died) on 8-22-1920 (Date of Event)

in Cascade (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on 1929-1930 Church Record -1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Mirgan	Virginia Eleene Mirgon
Father's Name	Chas. V. Mirgan	Charles B. Mirgon
Mother's Name	Goldie O. Eton	Goldie O. Eaton

Viewed by v.s.

Subscribed and sworn to before me this 2[illegible] day of March, 1958

[illegible]

Notary Public, residing at [illegible]

My commission expires 7-18-60

(Seal)

Signed Charles B Mirgon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Charles B. Mirgon 30 South Moraine Dayton Ohio
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Arapahoe }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1958

~~Don Mirgon~~

Notary Public, residing at Englewood, Colo.

My commission expires March 28-1960

(Seal)

Signed Don Mirgon
(Signature of Any Credible Person)

1456 So Sherman St
(Street Address, City, State)
Denver Colo.

FORM DPH 55.155

NNCL 2-11-58 nm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

597-124 [illegible]3-869

PLACE OF BIRTH

[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

[illegible] Valley

City of Donnelly

Registration District No. 16

File No. 83884

No. ....., ... St.

Primary Registration District No. .....

Registered No. 148

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8 24 1920

FATHER		MOTHER	
FULL NAME	Albert Nigman	FULL MAIDEN NAME	Carrie Yorgensen
RESIDENCE	Donnelly	RESIDENCE	Donnelly
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kas	BIRTHPLACE	N. D.
OCCUPATION	Lumberman	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Hoggle

Phy (Physician or Midwife)

Given name added from a supplemental report

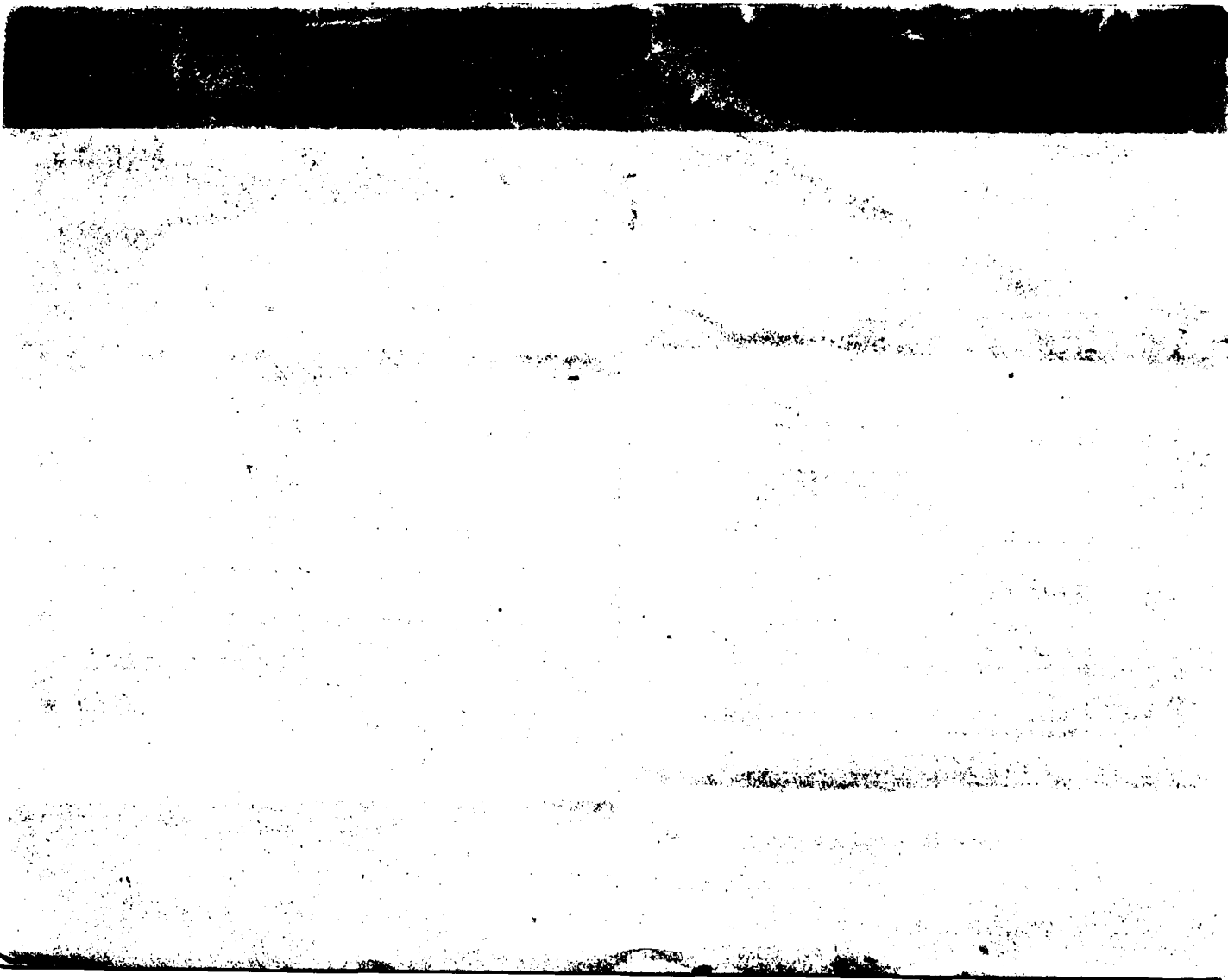
..... 19.....

Address Cascade

Filed 9-23 1920 M. McDonald Dept Registrar

..... Registrar

S-Y CO., 16669



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [illegible]

215-122-043-262

City of

No. , St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 83885

Primary Registration District No.

Registered No. 24[illegible]

FULL NAME OF CHILD not named John Wilfred

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	8 (Month) 22 (Day) 19[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Jacob Kantola	FULL MAIDEN NAME	Tilda Koskella
RESIDENCE	Arling	RESIDENCE	Arling
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Noggle

Phys (Physician or Midwife)

Given name added from a supplemental report

, 19

Address Cascade

Filed 9-23 1920 Mary R. McDonald Registrar

Registrar

S-Y CO., 16669

K

APR 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. 291-10-044-315 St.

Registration District No. 87

File No. 83886

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Raymond Scott Bratcher

SEX OF CHILD: male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Sept. (Month) 16 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Elmon Scott Bratcher	FULL MAIDEN NAME: Edith Grace Lanc[redacted]
RESIDENCE: Midvale Idaho	RESIDENCE: Midvale Ida[redacted]
COLOR: White AGE AT LAST BIRTHDAY 31 (Years)	COLOR: White AGE AT LAST BIRTHDAY [redacted] (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was 5 Born alive (Born alive or stillborn), at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Midvale Idaho

Filed 10-10 1920 F. A. Schmitz

Registrar

MAY 8 1942

259-204-294-443

PLACE OF BIRTH

County of Washington

City of Moscow

No. _____ St.

Hospital _____

STATE OF [illegible]
BUREAU OF VITA[illegible]

U. S. No. 11—25m-6-15-18

CERTIFICATE [illegible]

Registration District No. 87

File No. 83887

Primary Registration District No. 87

Registered No. _____

Full Name of Child Ruby Irene Keithly

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Aug 4 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Joel L Keithly	FULL MAIDEN NAME: Erma Estella Mosley
RESIDENCE: Moscow Idaho	RESIDENCE: Moscow Idaho
COLOR: White. AGE AT LAST BIRTHDAY: 43 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Mo.
OCCUPATION: Hardware Merchant.	OCCUPATION: Home Wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

Physician (Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-10-1920 F A Schmidt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-125
006-665

PLAC[redacted]

Form V. S. No. 11-C—[redacted]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Blackfoot

Registration District No. 121

File No. 83888

No. 614 N. Shilling St.

Primary Registration District No. 1007

Registered No. 304

Hospital

FULL NAME OF CHILD William G. Simpson, Jr. ~~[illegible]~~ Simpson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 25 1920

FATHER		MOTHER	
FULL NAME	William G. Simpson	FULL MAIDEN NAME	Maxine Owen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	New Mexico	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Oct 9 1920 Wm. Walter E. Pabst

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 83888

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed Simpson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 9-25-1920 (DATE OF EVENT)

in Blackfoot, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Older sister (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ....., (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Wm. G. Simpson, Jr

Subscribed and sworn to before me this 29th day of January, 1942

Willa Gray

Notary Public, residing at Boise, Idaho

My commission expires Feb. 5, 1946

(SEAL)

Signed Mrs. Helene Dawson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

31st & Brinemen

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 29 1942

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee Idaho

City of Owyhee Nev. Born at School ~~Registration~~ District No. 1 Idaho

File No. 83889

No. ---- St.

Primary Registration District No. ---- Registered No. 1

Hospital ----

Full Name of Child Dan Sam

OWYHEE, NEVADA

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH April (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Battle Mountain Sam	FULL MAIDEN NAME	Jessie Howard
RESIDENCE	P. Office Owyhee Nev	RESIDENCE	Post Office Owyhee Nev
COLOR	Indian 4/4 Shoshoni	COLOR	Indian 4/4 Pinte
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I did not attended the birth of this child, who was alive (Born alive or stillborn), at 10P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Richardson

Western Shoshoni Agency (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Owyhee Nevada

Registrar

Filed Oct 6 1920 W. H. Schuyler M.D. Registrar

WRITE PLAINLY WITH UNFADING INK—

N. B.—In case of more than one child at birth, a SEPARATE [illegible] of each, in order of birth stated.

753-113-021-168

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m

8309

CERTIFICATE OF BIRTH

County of Franklin

City of Oxford

No. ..... St.

Hospital .....

Registration District No. 27 File No. [redacted]

Primary Registration District No. 2119 Registered No. 179

FULL NAME OF CHILD Keith Petty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 13, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William D. Petty	FULL MAIDEN NAME	Emma Louise Johnson
RESIDENCE	Oxford Idaho	RESIDENCE	Oxford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physcian
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed 7/7 1920 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

249-121-029-295

[redacted]

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Carithers

CERTIFICATE OF BIRTH

83891

Registration District No. 61 File No. ——

Primary Registration District No. 1011 Registered No. 270

FULL NAME OF CHILD Thomas Brentow Burrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Prescott Burrell	FULL MAIDEN NAME	Anna R. Brentow
RESIDENCE	Moscow Ida.	RESIDENCE	Moscow Ida -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Neligh. Neb
OCCUPATION	of I Student - Vocational	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:12 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed July 22 1920 W. H. Carithers Registrar

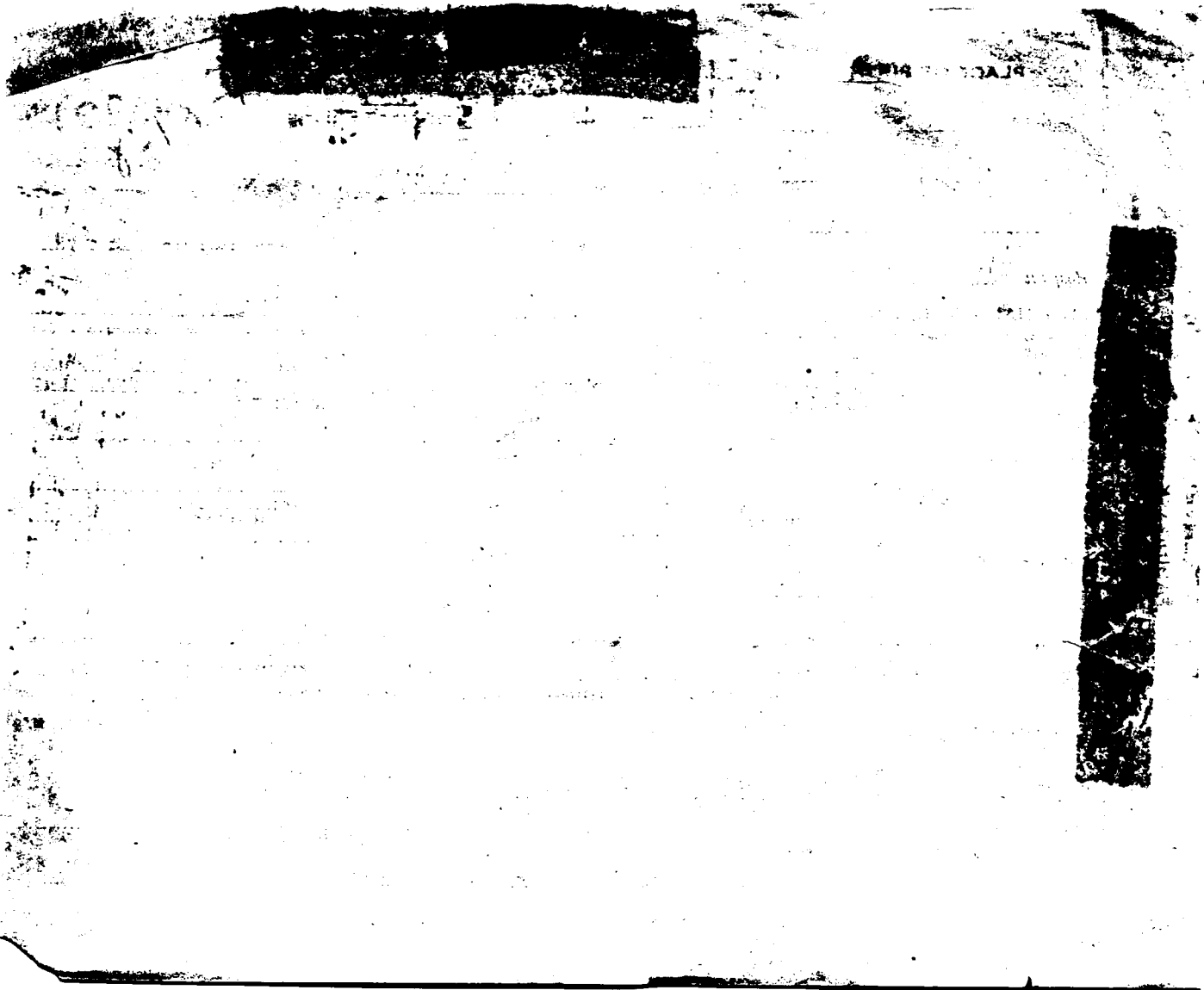
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK [redacted] RECORD

N. B. [redacted] number



295-217-003-669

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STAT[redacted]
BUREAU OF [redacted]ICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84 File No. 83892

No. ..... St.

Primary Registration District No. 2161 Registered No. 330[redacted]

Hospital General

FULL NAME OF CHILD Beth Krebs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 17 19[redacted] (Month) (Day) (Y[redacted]

FATHER	MOTHER
FULL NAME Arthur Ephriam Krebs	FULL MAIDEN NAME Hiltrude Leda Forre[redacted]
RESIDENCE 425 W. Carter, Pocatello Idaho	RESIDENCE 425 W. Carter, Pocatello, I[redacted]
COLOR white AGE AT LAST BIRTHDAY 23 (Years)	COLOR white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Midway, Utah	BIRTHPLACE Midway, Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello Idaho.

Filed 8/30 1920 J. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-124-028-249 Please return immediately

PLACE OF BIRTH

STATE [redacted]
BUREAU OF [redacted]

V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

Registration District No. 30

File No. 83893

No. ..... St.

Primary Registration District No. 2051

Registered No. 777

Hospital .....

FULL NAME OF CHILD Henry Truman Lamb

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	April 24 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. L. Lamb	FULL MAIDEN NAME	Emma Burris
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Dr Moine Iowa	BIRTHPLACE	Colville Wash
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. McCauley

Post Falls Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Sept. 4 1920 D D Drennan

Registrar

Registrar

S-Y-CO 38071

[redacted]

SEP 29 1967

NOV 28 1962

493-115-028-415 Please return immediately

PLACE OF BIRTH

Form V.S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenay

City of Spirit Lake, Ida. Registration District No. 42 File No. 83894

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Earle Henry Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	1	—	Yes	8-15 19[illegible]

FATHER		MOTHER	
FULL NAME	Fred Earle Mitchell	FULL MAIDEN NAME	Daisy L Davis
RESIDENCE	Edgemere Ida	RESIDENCE	Edgemere - Ida
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	MO
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 45 P M. on the date above stated.

(Signature) Earle D Smith MD

(Physician or midwife)

Address .....

Filed 5/18 1920 Chas Slavich Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. .....19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1975

JUL 9 1942

153-117-008-299

PLACE OF BIRTH

County of Ada

City of Boise

No. 509 Ash St.

Registration District No. 2 No. 83895

Primary Registration District No. 1004 Registered No. 723

Hospital

FULL NAME OF CHILD Anthony Ralph Michael

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	and	1	Yes	Aug 17 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anthony, Ralph	Brickna, Pelagia Eva
RESIDENCE	509 Ash St Boise	Boise
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	
BIRTHPLACE	Boise	Oranbug, Russia
OCCUPATION	laborer	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Germany

(Physician or midwife)

Address Boise

Given names added from a supplemental report.

Aug 18 1920

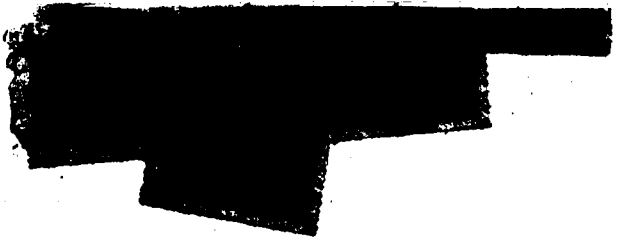
R A Pratt
Registrar

Filed Aug 18 1920

R A Pratt
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



SEP 1 3 1945

296 - 213 - 001 - 897

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83896

No. ——— St.

Primary Registration District No. 1004 Registered No. 320

Hospital St. Luke's

FULL NAME OF CHILD Phyllis Elizabeth Brown

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 — 13 — 1920

FATHER

FULL NAME Chas. A. Brown

RESIDENCE 401 S. 5th St. Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Illinois

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leslie M. Higbee

RESIDENCE 401 S. 5th St., Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11⁰⁰ a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Given names added from a supplemental report.

Aug 17 1920

R. H. Pratt Registrar

Address Boise, Idaho.

Filed Aug 17 1920 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1970

[redacted] 1 2 1942

SEP 8 4 1943

563-118-001-212

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

FULL NAME OF CHILD [redacted] Dow Volaw Jr.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-6-19

Registration District No. 2

File No. 83897

Primary Registration District No. 1004

Registered No. 324

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 18 1920

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Lorenzo Dow Volaw	Gladys May Baker
RESIDENCE	Colorado Springs	Colorado Springs
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	25
BIRTHPLACE	Mo.	Oregon
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 18 1920, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Mansfield

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

Aug 20 1920

R. N. Pratt
Registrar

Filed Aug 20 1920

R. N. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1942

[redacted]

JUL 16 1945

214-111-001-236

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83898

No. ——— St.

Hospital St. Luke's — Primary Registration District No. 1004 — Registered No. 719

FULL NAME OF CHILD Albert Edward Kaufsman

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 8 (Month) — 11 (Day) — 1920 (Year)

FATHER

FULL NAME Albert J. Kaufsman

RESIDENCE 1139 River St. Boise

COLOR White — AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Kansas

OCCUPATION Teamster

MOTHER

FULL MAIDEN NAME Ruby D. Scott

RESIDENCE 1139 River St., Boise

COLOR White — AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

Aug 17 1920

R H Pratt
Registrar

Address Boise, Idaho

Filed Aug 17 1920

R. H. Pratt
Registrar

SEP 1 1966

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated, and the number of each, in order of birth stated.

City of Boise

No. 419 So. 5th St. Registration District No. 2 File No. 83899

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 718

FULL NAME OF CHILD Lorrngate

Sex of Child M. Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth Legitimate? Yes Date of Birth 8 (Month) / 10 (Day) / 1920 (Year)

FATHER	MOTHER
FULL NAME Victor Lorrngate	FULL MAIDEN NAME Marijnona Loisate
RESIDENCE 419 So. 6th St.	RESIDENCE 419 So. 5th Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Sheepman	OCCUPATION Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettenger

Boise Idaho

(Physician or midwife)

Given names added from a supplemental report.

Aug 17 1920 Address

R.H. Pratt Registrar

Filed Aug 17 1920 R.H. Pratt Registrar

DUP OF 1920-277480

342-108-001-239

[redacted]

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Bench St.

Hospital St Luke

Registration District No. 2

Primary Registration District No. 1004

File No. 83900

Registered No. 717

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m	1		yes	Aug 8 1920

FATHER		MOTHER	
FULL NAME	Laswell A Lubilcock	FULL MAIDEN NAME	Anna Strand
RESIDENCE	Bench R. 2	RESIDENCE	Bench R. 2
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	South Dakota
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born ~~alive or stillborn~~), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Aug 20 - 1920

R. H. Pratt
Registrar

Address 303 McCarty

Filed Aug 20 1920

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-208-001-538

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 2 File No. 83901

Primary Registration District No. 1004 Registered No. 316

FULL NAME OF CHILD ANNA URRUSUNO

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	8 8 1920

FULL NAME FATHER Urrusuno Lazaro Orrusuna	FULL MAIDEN NAME MOTHER Echevarri Ynes Chivverhoea
RESIDENCE Boise Idaho.	RESIDENCE Boise Idaho.
COLOR White AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Vittinger
Boise Idaho.
(Physician or midwife)

Given names added from a supplemental report.

Aug 17 1920

R. H. Pratt
Registrar

Address .....

Filed Aug 17 1920

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 83901

JAN 22

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Anna Orrusuna (NAME IN ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 8, 1920 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Orrusuna	Urrusuno
Name	Unnamed	Anna Urrusuno
Mother's name	Ynes Chevverhoea	Ynes Echevarri

Subscribed and sworn to before me this 19
day of January, 1942.

Notary Public, residing at Boise, Ida

My commission expires 1/13/47
(SEAL)

Signed Ynes Urrusuno
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Aurora F. Urrusuno
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 14 1952

866-104-001-566

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83902

No. ____ St.

Hospital St Lukes — Primary Registration District No. 1004 — Registered No. 315

FULL NAME OF CHILD Oaks Hooper Hoover

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes.	Aug 4. 1920

FATHER		MOTHER	
FULL NAME	W. J. Hoover	FULL MAIDEN NAME	Evelyn Hooper
RESIDENCE	905 Lemp.	RESIDENCE	905 Lemp
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30.	AGE AT LAST BIRTHDAY (Years)	29 –
BIRTHPLACE	Ore	BIRTHPLACE	Nebr.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.15 P. M. on the date above stated.

(Signature) Dr John Beck

(Physician or midwife)

Address 303 McCarty Bldg

Filed Aug 18. 1920 — R. H. Pratt, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Aug 18 1920

R. H. Pratt, Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible] } ss.
County of [illegible]

Certificate No. [illegible]
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	(Hoover)

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My, commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

Send to [illegible] Station [illegible]

MAY 1 1 1967

MAY 23 1952

451 - 202 - 001 - 995 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of Boise

Registration District No. 2

File No. 83903

No. ..... St.

Primary Registration District No. 1004

Registered No. 314

Hospital St. Alphonsus

FULL NAME OF CHILD Deary Cecilia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1	yes	Aug 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Deary Jno Chas	FULL MAIDEN NAME	Swisher Irene
RESIDENCE	Jordan Valley. Ore	RESIDENCE	—
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Dairy. Ida	BIRTHPLACE	Cow Creek Ida
OCCUPATION	Stockman	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:18 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V Genovese

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Aug 18 1920

R. H. Pratt
Registrar

Address Overland Boise

Filed Aug 18 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

MAY 21 1942

986-202-001-866

Form V. ~~S. No. 11-C~~—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83904

No. ..... St.

Hospital St. Alphonsus.

Primary Registration District No. 1004 Registered No. 313

FULL NAME OF CHILD Nellie Lorraine Rhodes

Sex of Child F. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Aug. 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Rhodes.	FULL MAIDEN NAME	~~Dolly~~ Dolly C. Howell.
RESIDENCE	1512 N 6—	RESIDENCE	1512 N 6—
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	~~Maxxxxxxx~~ — MAINE	BIRTHPLACE	ARKANSAS ~~Xxxxxxx~~
OCCUPATION	Concrete Contractor.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Aug 18 1920

R. H. Pratt
Registrar

Address 303 McCarty Bldg.

Filed Aug 18 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 83904

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Aug 2, 1920 (DATE OF EVENT)
in Boise, Ida, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Nellie Lorraine Rhodes
Birth place of Father	Minnesota	Maine
" " " Mother	Oklahoma	Arkansas

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed John Bach
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

Boise Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 22 1942

239-101-001-214

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83905

No. ——— St.

Hospital St. Luke's — Primary Registration District No. 1004 — Registered No. 312

FULL NAME OF CHILD RICHARD CONRAD Baby Stillinger

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	8 — 1 — 1920

FATHER		MOTHER	
FULL NAME	Chas. R. Stillinger	FULL MAIDEN NAME	Nettie Mae Bauer
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Plant Pathologer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.55 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Braxton M.D. (Physician or midwife)

Given names added from a supplemental report.

Aug 11 — 1920 — R. H. Pratt — Registrar

Address Boise, Idaho

Filed Aug 11 1920 — R. H. Pratt — Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 83905

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Baby Stillinger (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 1, 1920 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Richard Conrad Stillinger

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed T. N. Broadbent M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY 20 1942

PLACE OF BIRTH
962-181001-465

County of Ada

City of Boise

No. ____ St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83906

Primary Registration District No. 1004 Registered No. 311

Full Name of Child ____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		Yes	Aug 1 1920

FATHER		MOTHER	
FULL NAME	Forest E. Robb	FULL MAIDEN NAME	Dora L Montgomery
RESIDENCE	Smiths Ferry Idaho	RESIDENCE	Smiths Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Kansas
OCCUPATION	Electrician	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M D

(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Given names added from a supplemental report

Aug. 17 1920

R. N. Pratt
Registrar

Filed Aug 17 19 20 R N Pratt
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

...SERVED FOR BINDING

199-131-001-313

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 210 S 7- St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83907

Primary Registration District No. 1004 Registered No. 310

FULL NAME OF CHILD SAVINO ARREDONDO

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				YES.	July	31-	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ireneo Arredondo.	Presencia Laca
RESIDENCE	210 S 7-	210 S 7-
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	37	33.
BIRTHPLACE	Spain	Spain
OCCUPATION	restaurant man	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck
(Physician or midwife)

Address Boise Ida-

Given names added from a supplemental report.

Aug 18 1920

R H Pratt
Registrar

Filed Aug 18 1920 R H Pratt
Registrar

869-216-001-245

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. — File No. 83908

No. — St.

Hospital St. Luke's — Primary Registration District No. — Registered No. 307

FULL NAME OF CHILD Emerald Hoisington

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	7 — 16 — 1920

FATHER

FULL NAME: Earl F. Hoisington

RESIDENCE: 1802 N. 16th St., Boise, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Photographer

MOTHER

FULL MAIDEN NAME: Ada Bunnell

RESIDENCE: 1802 N. 16th St., Boise, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Brattain M.D.

(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

Aug 11 — 1920

R. A. Pratt
Registrar

Filed Aug 11 1920

R. A. Pratt
Registrar

JUL 8 1942

165 - 210 - 001 - 688

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83909

No. 1900 N. 14th St. — Primary Registration District No. 1004 — Registered No. 306

Hospital ——

FULL NAME OF CHILD Doris May Jones

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	8 — 10 — 1920

FATHER

FULL NAME: Hugh W. Jones

RESIDENCE: 1900 N. 14th St, Boise

COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: Salesman

MOTHER

FULL MAIDEN NAME: May Estelle Whyman

RESIDENCE: 1900 N. 14th St, Boise

COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Taylor M.D.

(Physician or midwife)

Given names added from a supplemental report.

Aug 11 1920

R H Pratt
Registrar

Address Boise, Idaho.

Filed Aug 11 1920

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 0 1972

OCT 1 7 1944

592-101-001-693

Form S. No. 1-G—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83910

No. ..... St.

Primary Registration District No. 1004 Registered No. 305

Hospital St Alphonsus WILLIAM CARL NISSON

FULL NAME OF CHILD Infant Nisson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Nisson	FULL MAIDEN NAME	Viola Beatrice Mary Williams
RESIDENCE	Quartzberg	RESIDENCE	Quartzberg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Given names added from a supplemental report.

Aug 11 1920 Address Boise

R H Pratt Registrar

Filed Aug 11 1920 R H Pratt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1942

296-106-001-285

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83911

No. ..... St.

Primary Registration District No. 1004 Registered No. 304

Hospital St. Alphonsus

FULL NAME OF CHILD Guy William Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug. 6 1920

FATHER		MOTHER	
FULL NAME	Glenn W. Brooks	FULL MAIDEN NAME	Eugenia Shea
RESIDENCE	Jordan Valley	RESIDENCE	Jordan Valley
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) August 6 1920 at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Nemmers

(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

Aug 11 1920

R. H. Pratt
Registrar

Filed Aug 11 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285 - 109 - 001 - 795

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 — File No. 83912

Primary Registration District No. 1004 — Registered No. 303

Full Name of Child WILLIAM EDWARD BYERS

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Sept 9 1920

FATHER

FULL NAME Albert A. Byers

RESIDENCE Centerville

COLOR White — AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Washington

OCCUPATION R. R. Employee

MOTHER

FULL MAIDEN NAME Nora Grey

RESIDENCE Centerville

COLOR White — AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ore

OCCUPATION Home wife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.9 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Earl Hill (Physician or midwife)

Given names added from a supplemental report.

Aug 11 1920 R. A. Pratt Registrar

Address _____

Filed Aug 11 1920 R. A. Pratt Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Deschutes } ss.

Certificate No. 83912

Date Filed APR 3 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for not named (Name on Original Certificate) who born (Was Born or Died) on Aug 9, 1920 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by none available (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	William Edward Byers

Subscribed and sworn to before me this 24th day of March, 19 42.

Notary Public, residing at Bend, Oregon

My commission expires 8/31/43
(Seal)

Signed Mrs Nora Byers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Court House, Bend, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Deschutes } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 19 42.

Notary Public, residing at Bend, Oregon

My commission expires 8/31/43
(Seal)

Signed Lucille E. Dusten
(Signature of Any Credible Person Other Than Previous Year)

307 Tumalo Bend, Oregon
(Street Address, City, State)

546-103-001-593

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 83913

No. ..... St.

Primary Registration District No. 1004

Registered No. 302

Hospital St. Alphonsus

FULL NAME OF CHILD John D. Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Floyd B. Edwards	FULL MAIDEN NAME	Pearl Vickers
RESIDENCE	104½ So. 17th St Boise	RESIDENCE	Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 3d 1920 (Born alive ~~or stillborn~~), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers

(Physician or midwife)

Given names added from a supplemental report.

Aug 6 1920

R. H. Pratt
Registrar

Address Boise Idaho

Filed Aug 6 1920 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1942

DECEASED

215-402-001-951

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 83914

Registered No. 3910

PLACE OF BIRTH

County of Ada

City of Boise

No. 1514 E Franklin St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

FULL NAME OF CHILD Alva R. Kane

Sex of Child: Male

Twin, Triplet or other? Twin and Number in order of birth: 2

Legitimate? Yes

Date of Birth: August 2 (Month) (Day) 1920 (Year)

FATHER

FULL NAME: William Kane

RESIDENCE: Myrtle Co. Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Mildred Read

RESIDENCE: Ongley Co. Ada

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Howe M.D.

(Physician or midwife)

Address 303-304 McCarty Bldg. Boise

Given names added from a supplemental report.

Aug 6 1920 R. H. Pratt Registrar

Filed Aug 6 1920 R. H. Pratt Registrar

Y COMPARED

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-702
001-451
PL[redacted]

1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Boise

No. 1514 Franklin St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83915

Primary Registration District No. 1004 Registered No. 300

FULL NAME OF CHILD Alma Kane

Sex of Child	Twin Triplet or other	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	1	yes	Aug 2 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Kane	FULL MAIDEN NAME	Mildred Read
RESIDENCE	Owyhee Co. Idaho	RESIDENCE	Owyhee Co. Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 50 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Brown M.D.

(Physician or midwife)

Given names added from a supplemental report.

Aug 6 1920 Address 303-304 McCarty Bldg Boise

R H Pratt Registrar Filed Aug 6 1920 R H Pratt Registrar

S-Y CO. 24655

343-181-887-255

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83916

Primary Registration District No. 1004 Registered No. 299

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	8 / 1 / 1920

FATHER		MOTHER	
FULL NAME	Homer L Tucker	FULL MAIDEN NAME	Ruby M Bennett
RESIDENCE	1312 E Wash St Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Mo
OCCUPATION	Meat Cutter	OCCUPATION	Hse

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Cannaday

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

Aug 6 1920

R H Pratt
Registrar

Filed Aug 6 1920

R H Pratt
Registrar

719-222-001-432

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83917

Primary Registration District No. 1004 Registered No. 298

FULL NAME OF CHILD Maryelle Charlotte Garside

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	July 22 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John D. Garside	Marian McCorley
RESIDENCE	103 - No 13th Boise	103 - No 13th St. Boise
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	29 (Years)
BIRTHPLACE	Kansas.	Kansas.
OCCUPATION	Auto mechanic	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward L Biros M.D

(Physician or midwife)

Address 303-304 McCarty Bldg. Boise.

Given names added from a supplemental report.

Aug 6 1920

R.H. Pratt Registrar

Filed Aug 6 1920 R.H. Pratt Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
DEPARTMENT OF HEALTH

Form V. B. No. 11-C

City of Boise Idaho

Registration District No. 2

File No. 83918

No. 2513 Madison St.

Primary Registration District No. 1004

Registered No. 297

Hospital At Home

FULL NAME OF CHILD Kineth Wayne Lash

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			second	yes	July 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Lash	FULL MAIDEN NAME	Velma Webb
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Luxembury Germany	BIRTHPLACE	Michigan
OCCUPATION	Laborer Timber Cruiser	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born 10 a.m. alive at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Cannon
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

Aug 6 1920

R H Pratt
Registrar

Filed Aug 6 1920 R. H. Pratt
Registrar

S-Y-CO 38071

7

OCT 12 1966

553-211-001-247

PLACE OF BIRTH

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 83919

Registered No. 296

Full Name of Child MAXINE HELEN NELSON

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	7 4 1920

FATHER		MOTHER	
FULL NAME	Henry Matthew Nelson	FULL MAIDEN NAME	Idris Eugenia
RESIDENCE	1401 - N - 19	RESIDENCE	1401 - N - 19.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Gracerman	OCCUPATION	Home maker.

Number of child of this mother, including present birth First child. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Earl Hill M.D.

(Physician or midwife)

Given names added from a supplemental report.

Aug 6 1920

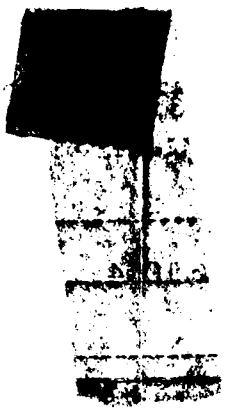
R.H. Pratt
Registrar

Address _____

Filed Aug 6 1920

R.H. Pratt
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 29 1951

AUG 30 1951

MAR 26 1970

432 - 225-001-355

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 83920

No. 211 Washington St.

Primary Registration District No. 1004

Registered No. 295

Hospital Maria Mabel McKenzie

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				Yes	July	25	1920

FATHER		MOTHER	
FULL NAME	Leo A. McKenzie	FULL MAIDEN NAME	Mabel Lendall
RESIDENCE	Jordan Valley	RESIDENCE	Jordan Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Ada
OCCUPATION	Stockman	OCCUPATION	House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Buck

(Physician or midwife)

Address 303 McCarty Bldg

Given names added from a supplemental report.

Aug 2 1920

R H Pratt
Registrar

Filed Aug 2 1920

J R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

891-112-001-495

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83921

No. ..... St.

Primary Registration District No. 1004 Registered No. 293

Hospital St Alphonsus

FULL NAME OF CHILD Yraolabeitia

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? YES. | Date of Birth July (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Yraolabeitia	FULL MAIDEN NAME	Maria Ureto.
RESIDENCE	419 S 12.	RESIDENCE	419 S 12.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Aug 2 1920

R H Pratt
Registrar

Address 303 McCarty Bldg.

Filed Aug 2 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VIRGILIA BEITIA

Dup of 1920-125550

357-221-001-552

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 506 S 3rd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83922

Primary Registration District No. 1004 Registered No. 294

FULL NAME OF CHILD Mildred Amelia Leppert

Sex of Child F | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth July 21 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Geo L. Leppert

RESIDENCE 506 S 3rd

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Truck driver

MOTHER

FULL MAIDEN NAME Ida V. Nesby

RESIDENCE 506 S 3rd

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE minn.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Tueck

(Physician or midwife)

Address 303 McCarty Bldg.

Given names added from a supplemental report.

Aug 2 1920

R. H. Pratt
Registrar

Filed Aug 2 1920

R. H. Pratt
Registrar

367-225-001-713

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 510 S 15 St.

Registration District No. 2 File No. 83923

Primary Registration District No. 1004 Registered No. 292

Hospital

FULL NAME OF CHILD Marie Helen Coy

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes.	June 25 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Oscar Allen Coy	Francis J Patrick
RESIDENCE	510 S 15	510 S 15
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Okla	Neb.
OCCUPATION	farmer	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.45 M. on the date above stated.

(Signature) Dr John Buck
H.F.
(Physician or midwife)

Address 303 McCarty Bldg.

Filed Aug 2 1920

R.H. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Aug 2 1920

R.H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

551-114-001-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Locust Grove School Dist. Registration District No. 8 File No. 83924

No. ..... St.

Primary Registration District No. 2004 Registered No. 55

Hospital .....

FULL NAME OF CHILD William Leslie Neal.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes.	July 14 1920.

FATHER		MOTHER	
FULL NAME	Jas. Albert Neal	FULL MAIDEN NAME	Anna June Sage
RESIDENCE	Locust Grove School Dist	RESIDENCE	Locust Grove School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P— M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Burch

(Physician or midwife)

Given names added from a supplemental report.

Aug 2 1920

Address 303 McCarty Bldg

Filed Aug 2 1920 R. H. Pratt
Registrar

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. # 83924
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Neal (Name on original certificate) who was born (Was born or died) on 7-14-1920 (Date of event)
in Locust Grove Dist. Boise (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Neal	Wm. Leslie Neal
Father's name	Jas. Allen Neal	Jas. Albert Neal

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed John Doe
(Signature of any credible person other than the previous affiant.)

315 N 8th St. Boise Ida.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 16 1941

286-124-001-399

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Collister School Dist

Registration District No. 8 File No. 83925

No. ..... St.

Primary Registration District No. 3004 Registered No. 54

Hospital .....

FULL NAME OF CHILD Shortridge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes.	July (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Earl T. Shortridge	FULL MAIDEN NAME	Lucreta S. Crittenden
RESIDENCE	Collister School District	RESIDENCE	Collister School Dist.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Carpenter	BIRTHPLACE	Utah
OCCUPATION	Idaho.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

(Physician or midwife)

Given names added from a supplemental report.

Aug 2 1920

R H Pratt
Registrar

Address 303. McCarty Bldg.

Filed Aug 2 1920

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SHORT RIDGE

Dup of 1920 - 256443

491-216-001-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Dry Creek Registration District No. 8 File No. 83926

No. ..... St.

Primary Registration District No. 2004 Registered No. 53

Hospital .....

FULL NAME OF CHILD Lillian Viola Dragoo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			YES.	July 16- 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elsie T. Dragoo-	Francis E. Jensen
RESIDENCE	Dry Creek	Dry Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Neb.	Neb-
OCCUPATION	Farmer.	Housewife-

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Beck

(Physician or midwife)

Address 303 McCarty Bldg-

Given names added from a supplemental report, Aug 2 1920

R W Pratt Registrar

Filed Aug 2 1920 R W Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 16 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of } ss. SEP 17 2 44 PM '74

Certificate No. 83926

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Unnamed Dragoo (Name on Original Certificate) who was born (Was Born or Died) on July 16, 1920 (Date of Event)
in Dry Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Lillian Viola

Subscribed and sworn to before me this 17 day of
September, 19 74
Notary Public, residing at Boise Idaho
My commission expires Sept. 18, 1977
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
310 E. 39th Boise Idaho 83704
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

SEP 1 7 1974

Donnelly High School Diploma Donnelly, Idaho May 27,1938 gives name as Lillian Viola Dragoo.
Viewed by VS

Marriage Certificate State of Nevada County of Humboldt, married January 2, 1942 Ellis Daniel Points and Lillian Viola Dragoo.
Viewed by VS

Amended May 1 1953

PLACE OF BIRTH

793-225-001-256

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Whitney School Dist. Registration District No. 8 File No. 83927

Hospital ____ Primary Registration District No. 2004 Registered No. 52

FULL NAME OF CHILD LEONE PHYLLIS PITKIN
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				YES	JULY 25 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Leo E. Pitkin	FULL MAIDEN NAME	Ella Brondwold
RESIDENCE	Whitney School Dist.	RESIDENCE	Whitney School Dist.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minn
OCCUPATION	farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 a.m. on the date above stated.

(Signature) Dr. John Boeck

(Physician or midwife)

Address 303 McCarty Bldg.

Filed Aug. 2 1920 R. H. Pratt
Registrar.

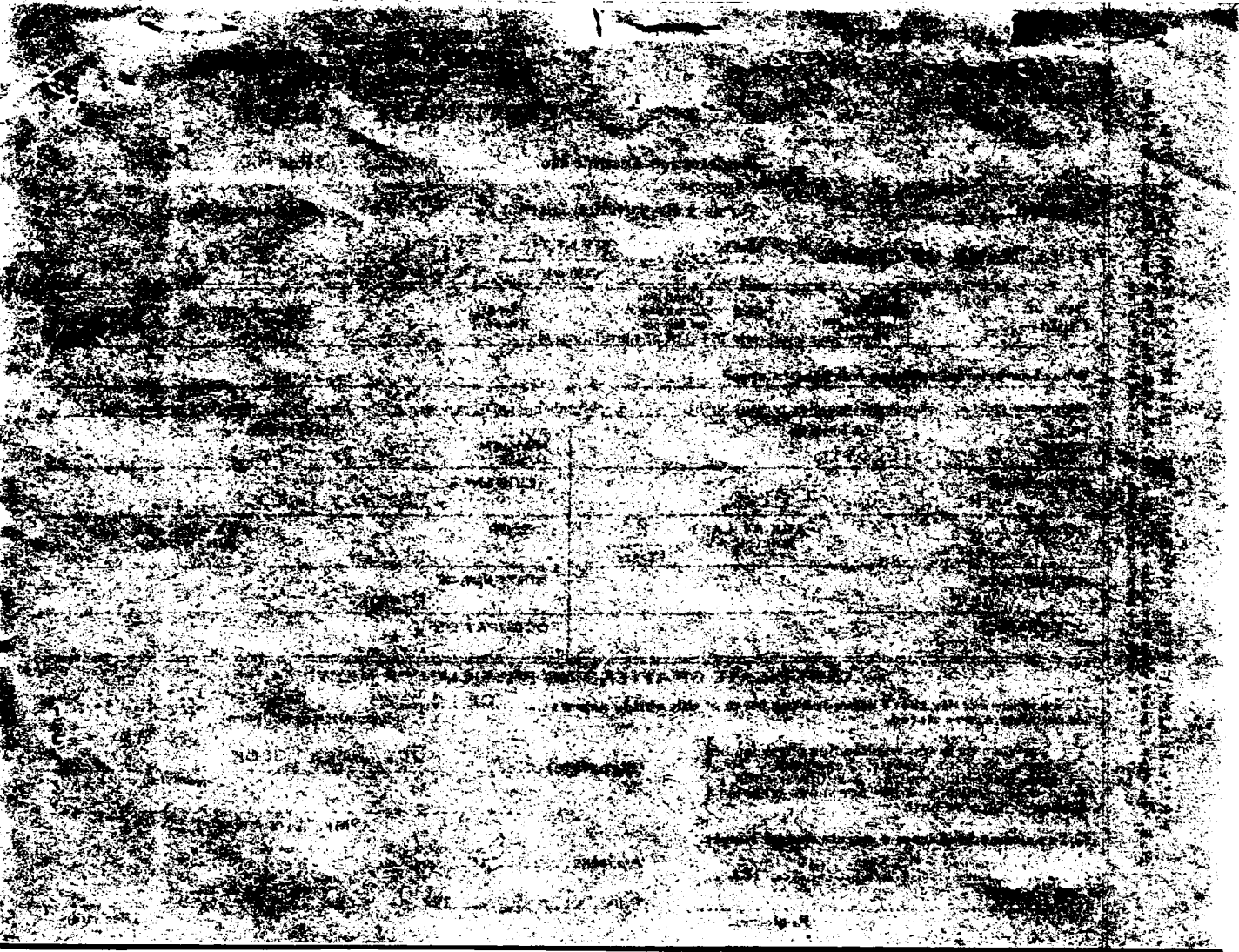
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of ADA } ss.

Certificate No. #83927
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for LEONE PHYLLIS PITKIN (Name on Original Certificate) who WAS BORN (Was Born or Died) on JULY 25, 1920 (Date of Event)
in BOISE IDAHO (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by FAMILY RECORD (Bible Record, Insurance Policy, Etc.) viewed on May 1, 1953 by B. V. S. prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	July 28, 1920	July 25, 1920

Subscribed and sworn to before me this 24th day of March, 1953.
Notary Public, residing at Meridian Idaho
My commission expires 9/10/56
(Seal)

Signed X Ella Pitkin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2 Meridian, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 1953.
Notary Public, residing at Meridian Idaho
My commission expires 9/10/56
(Seal)

Signed X La Verne R. Pitkin
(Signature of Any Credible Person)
Rt 2 Meridian Idaho
(Street Address, City, State)

L164-218
0071893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-17

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 7

File No. 83928

No. ..... St.

Primary Registration District No. 2006

Registered No. .....

Hospital .....

FULL NAME OF CHILD Eva Grace Douglas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 18 1920

	FATHER	MOTHER
FULL NAME	Hugh Douglas	FULL MAIDEN NAME Grace May Hill
RESIDENCE	Meridian	RESIDENCE Meridian
COLOR	Wh.	COLOR Wh.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	North Dakota	BIRTHPLACE So Dakota
OCCUPATION	Farmer	OCCUPATION H-W

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.50 P.M. on the date above stated.

(Signature) Marion Funk MD

(Physician or midwife)

Address .....

Filed Nov. 15 1920 Pearle Dodds
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

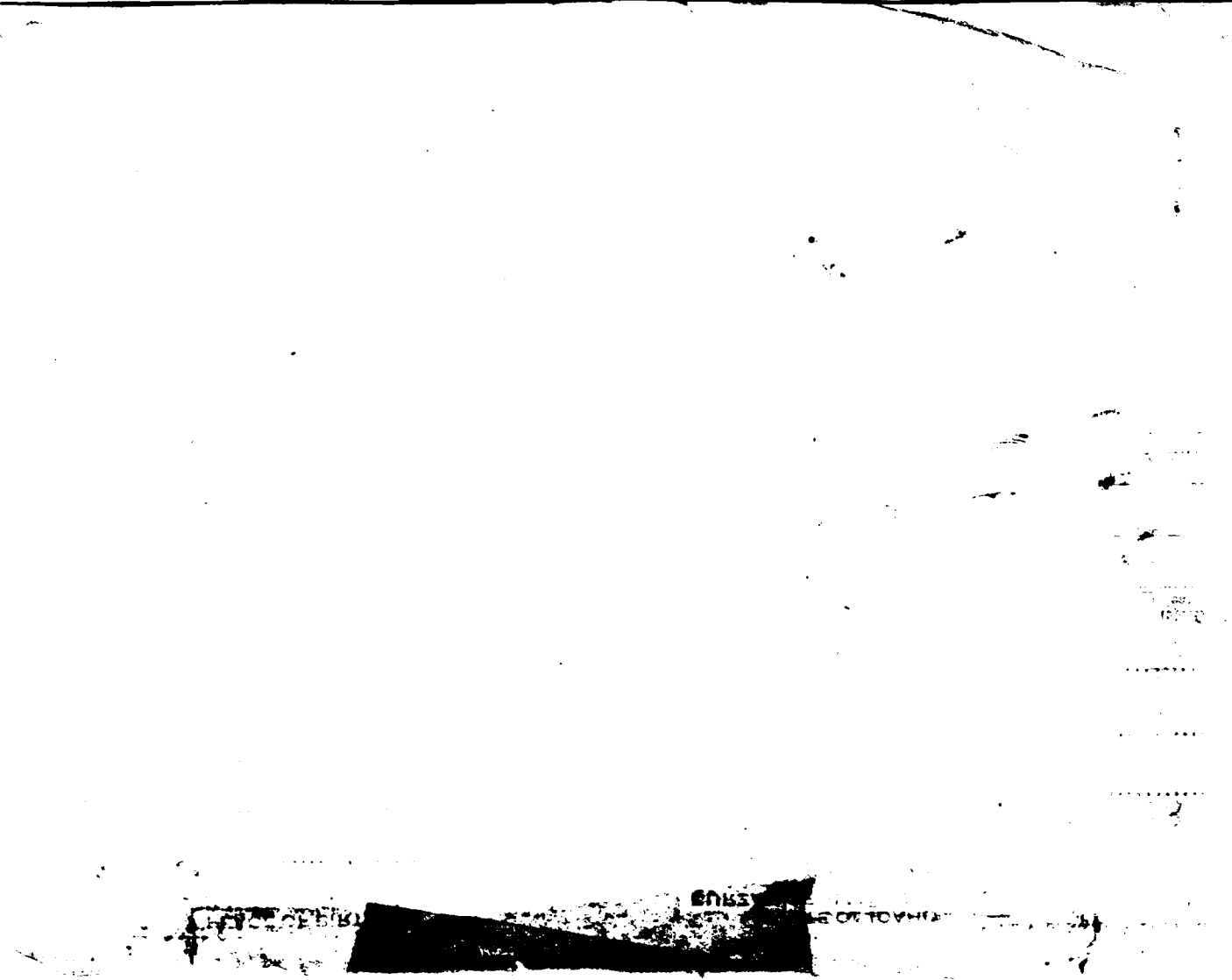
..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



[redacted] —15m-6-20-11

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Ada 266-217-001-951

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

amended 8/30/82

City of Ustick

Registration District No. 8

File No. 83929

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 85

Hospital ____

FULL NAME OF CHILD Hazel Bowers

Sex of Child	~~Twin, Triplet,~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		7th	yes	Oct. 17, 1920

FATHER		MOTHER	
FULL NAME	Edgar Bowers	FULL MAIDEN NAME	Susie J. Rea
RESIDENCE	Ustick	RESIDENCE	Ustick
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Alabama	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.W. Kingsbury DO

(Physician or Midwife)

Given names added from a supplemental report

Oct. 17, 1920

Address 404 - Idaho Bldg Boise

Filed Oct 22 1920 R.H. Pratt

Registrar

Registrar

S-Y CO., 16870

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 83929
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Hazel Bowers (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 17, 1920 (Date of Event) in Ustick, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
father's name	Ed	Edgar A.
mother's name	Ray	Susie J. Rea

Subscribed and sworn to before me this 30 day of Aug, 1982.
Notary Public, Teresa Cleverly
Residing at Boise, Idaho
My commission expires April 3, 1985
(Seal)

X Hazel Ballard
Signature of Applicant
X 904 Palmwood Dr.
Street Address, City, State
Boise, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Mother's death certif on file in Idaho #60-2164 gives mother's name as Susie J. Bowers and her maiden name as Rea. viewed by V. S.

AUG 3 0 1982

Unnamed (female) Bowers #38291 born Apr. 11, 1916 to Edgar A. Bowers and Susie J. Rea. born in Meridian, Idaho viewed by V. S.

statement from records of Dr. Curtis Jones (records of 1935) statement dated July 21, 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83929

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Bowers (Name on Original Certificate) who was born (Was Born or Died) on October 17, 1920 (Date of Event) in Ustick (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by hospital statement from record of January 3, 1935 (Bible Record, Insurance Policy, Etc.) prepared on July 17, 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Hazel Bowers

Subscribed and sworn to before me this 21 day of July, 1958.

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Susie J Bowers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

411 So 28th Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of July, 1958.

Hazel L. Hurlbert
Notary Public residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Lara E Parker
(Signature of Any Credible Person)

1905 Washington Boise
(Street Address, City, State)

FORM DPH 55. 155

Carolyn Johns

JUL 21 1958

299-221-001-243

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH name added 7/2/82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. So Boise St.

Hospital ✓

Registration District No. 8

Primary Registration District No. 1004

File No. 83930

Registered No. 86

Full Name of Child Wilma Lorraine Kirby

SEX OF CHILD Fame	Twin Triplet or other? ✓ and Number in order of birth 9 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct. 21 [redacted] (Month)

FATHER		MOTHER	
FULL NAME	Wm A. Kirby	FULL MAIDEN NAME	Augusta Butler [redacted]
RESIDENCE	So B	RESIDENCE	So B
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Tomey

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address [redacted]

[redacted] trar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 83930
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Kirby (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 20, 1920 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Wilma Lorraine Kirby

Subscribed and sworn to before me this 2 day of July, 1987.

Notary Public, Teresa L. Clevenly

Residing at Boise, Idaho

My commission expires April 3, 1988

(Seal)

X Wilma L. Kirby
Signature of Applicant

X 1215 S.W. 11th St. 29
Street Address, City, State

Hermiston, Oreg. 97838

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Social Security card (519-12-3121) gives name as Wilma Lorraine Neider (form OA-702,1 Rev. 7-44). viewed by V. S.

Own son's birth certificate on file in Idaho # 49-10455 born Sept. 18, 1949 in Boise, mother's maiden name as Wilma Lorraine Kirby. viewed by V. S.

276-113-001-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. South Boise St.

Registration District No. 8 File No. 83931

Primary Registration District No. 1004 Registered No. 87

Hospital

FULL NAME OF CHILD John Ernest Spore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3d	Yes	Oct 13th 1920

FATHER	MOTHER
FULL NAME Charles Arthur Spore	FULL MAIDEN NAME Lillian Beyl
RESIDENCE Boise Idaho = South Boise	RESIDENCE Boise Idaho = So Boise
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Salt Lake City - Utah
OCCUPATION Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 13-1920 at 2.20 P. M., on the date above stated.
(Born alive or stillborn)

(Signature) J. W. Cannon - Physician

(Physician or midwife)

Address Boise Idaho

Filed Oct 30 1920 R. H. Pratt
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

967-122-001-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R. D. 4 St.

Hospital

Registration District No. 8 File No. 83932

Primary Registration District No. 1004 Registered No. 88

FULL NAME OF CHILD Robert Jackson Rogers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 22 1920

FATHER		MOTHER	
FULL NAME	Edwin A. Rogers	FULL MAIDEN NAME	Helen A. Stricker
RESIDENCE	Boise, R. D. 4	RESIDENCE	Boise, R. D. 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Fruit-Grower	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Boise - Overland Bldg.

19

Registrar

Filed Oct 28 1920 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1966

MAY 29 1951

669-119-001-565

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Registration District No. 8 File No. 83933

Primary Registration District No. 2004 Registered No. 77

FULL NAME OF CHILD ROBERT HENRY Forrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 19 1920

FATHER		MOTHER	
FULL NAME	Chas H. Forrey	FULL MAIDEN NAME	Elaine Ewell
RESIDENCE	Kuna, Ada.	RESIDENCE	Kuna, Ada.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise Idaho

Filed Oct 15 1920 R H Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Linn } ss.

Certificate No. 83933

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Henry Forrey (Name on Original Certificate) who was born (Was Born or Died) on Sept 19, 1920 (Date of Event)
in Kuna Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Forrey	Robert Henry Forrey

Subscribed and sworn to before me this 23rd
day of March, 1942
Harvey A. Wright
Notary Public, residing at Lebanon, Oregon
My commission expires October 24, 1943
(Seal)

Signed Elaine E. Forrey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
114 Harrison St., Lebanon, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah-- } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of March--, 1942

Notary Public, residing at NOTARY PUBLIC FOR OREGON
My commission expires MY COMMISSION EXPIRES JULY 7, 1943
(Seal)

Signed Annie L Ewell
(Signature of Any Credible Person Other Than Previous Year)
3245 S E Ankeny Portland, Oregon
(Street Address, City, State)

AUG 27 1946

281-111-001-345

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

County of Ada

City of Boise

No. R.F.D. #3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 83934

Primary Registration District No. 2004 Registered No. 78

FULL NAME OF CHILD IRA JAY Shawver

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ira L Shawver	FULL MAIDEN NAME	Anna M Lunstrum
RESIDENCE	Boise Idaho R.F.D. #3	RESIDENCE	Boise R.F.D. #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H.N.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Caesarian (Born alive or stillborn) at 4:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Binn

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 303-304 McCarty Bldg.

Filed Oct 15 1920 R. H. Pratt Registrar

Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 83934
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Ira Jay Shawver (Name on original certificate) who was born (Was born or died) on September 11, 1920 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Ira Jay Shawver

Subscribed and sworn to before me this 1st
day of December, 1941.
Elbert S. Delana
Notary Public, residing at Boise, Idaho.
My commission expires June 10 1943
[SEAL]

Signed Ira Lee Shawver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 4, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of December, 1941.
Elbert S. Delana
Notary Public, residing at Boise Idaho
My commission expires June 10 1943
[SEAL]

Signed Fannie L Lundstrum
(Signature of any credible person other than the previous affiant.)
R 4 Boise Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

366-206-001-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Vally View Station

Registration District No. 8 File No. 83935

No. ..... St.

Primary Registration District No. 2004 Registered No. 79

Hospital .....

FULL NAME OF CHILD Myrtle Marie Lower

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		8	Oct 6 1920

FATHER		MOTHER	
FULL NAME	A. O Lower	FULL MAIDEN NAME	Ethel Smith
RESIDENCE	Vally View Station	RESIDENCE	Vally Station
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mich.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck G.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Oct 15 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1948

AUG 30 1948

253-121-001-299

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 3/4 mi S of I.X.L. Ranch

Registration District No. ..... File No. 85936

Primary Registration District No. ..... Registered No. 80

Hospital .....

FULL NAME OF CHILD James Clarence Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 - 21 - 1920

FATHER

FULL NAME: John Calvin Bell

RESIDENCE: R.D. #2, Kuna, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 50 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Beulah M. Kriegel

RESIDENCE: R.D. #2, Kuna, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10⁰⁰ a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) T.M. Brayton

M.D.

(Physician or midwife)

Address Boise, Idaho.

Filed Oct. 22 1920

R.K. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-217-001-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Boise R 2 St.

Registration District No. 8 File No. 83938

Primary Registration District No. 1004 Registered No. 82

Hospital

FULL NAME OF CHILD Beulah May Steele

Sex of Child Female | Twin Triplet or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 7 (Month) 17 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Harry A Steele	FULL MAIDEN NAME Dorothy Butler
RESIDENCE Boise R. 2.	RESIDENCE Boise R. 2
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Colo.	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

(Signature) Mallen Calloway

Physician

(Physician or midwife)

Address Boise Idaho

Filed Oct 23 1920 R. M. Price Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-146900

DUP OF 20-146900 AND 144515

693-108-001-818

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of [illegible]

No. R. D 2 St.

Hospital

Registration District No. 8 File No. 83939

Primary Registration District No. 1004 Registered No. 83

FULL NAME OF CHILD Arthur Roland Wittenbarn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male	— and —	—	yes	10 8 1920

FATHER		MOTHER	
FULL NAME	Wm J Wittenbarn	FULL MAIDEN NAME	Sena Hays
RESIDENCE	Boise R-2	RESIDENCE	Boise R-2
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway
Physician
(Physician or midwife)

Address Boise Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Oct 23 1920

R. H. Pratt
Registrar

Dup of 1920-151477

557-122-001-843

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 83940

Primary Registration District No. 1004 Registered No. 84

FULL NAME OF CHILD Leland Alva Engle

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Oct 22nd (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Alvie Engle	FULL MAIDEN NAME	Elsina Ileane Huckba
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 26 1920

R. H. Pratt
Registrar

DEC 9 1941

JUL 8 1943

115-101-001-349

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1 St & Bannock St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 83941

Registered No. 383

FULL NAME OF CHILD Homer Eugene Jarvis

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct (Month) 1st (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Homer S Jarvis	FULL MAIDEN NAME	Bessie Curtis
RESIDENCE	Jamison, Oregon	RESIDENCE	Jamison, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Xenia Ill	BIRTHPLACE	Ft Dodge, Iowa
OCCUPATION	Fruit Grower	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed Oct 7 1920 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1944

155-102-001-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 83942

Registered No. 384

FULL NAME OF CHILD John ~~Wylie~~ Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	10 2

FATHER		MOTHER	
FULL NAME	George J Jensen	FULL MAIDEN NAME	Mary F Clarkson
RESIDENCE	Horse Shoe Bend	RESIDENCE	Horse shoe Bend, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 1622 Wash St

Filed Oct 7 1920

R H Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 83942

Date Filed Birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of
for No name (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 2, 1920 (DATE OF EVENT)
in Boise Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name given	John Wylie Jensen

Subscribed and sworn to before me this 27th
day of January, 1942

Signed George J. Jensen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Boise

My commission expires April 3, 1945

Glenns Ferry Idaho
(STREET ADDRESS, CITY, STATE)

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....

.....
(STREET ADDRESS, CITY, STATE)

(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

368-203-001-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 83943

No. ..... St.

Primary Registration District No. 1004

Registered No. 385

Hospital St Alphonsus

FULL NAME OF CHILD Mary Josephine Coyne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	C T Coyne	FULL MAIDEN NAME	Dorothy Young
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	S. D.	BIRTHPLACE	S. D.
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 1622 Warm St. Boise

Filed Oct 7 1920

R H Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than [illegible] child at birth a SEPARATE RETURN must be made for each [illegible] number of each, in order of birth stated.

249-112-001-359

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 83944

No. ____ St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 386

FULL NAME OF CHILD Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Sept. 12, 1920

FATHER	MOTHER
FULL NAME John Sylvester Smith	FULL MAIDEN NAME Flory Price Terry
RESIDENCE Emmett, Ida.	RESIDENCE Emmett, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Chicago, Ill.	BIRTHPLACE Springdale, Arkansas
OCCUPATION Engineer	OCCUPATION Clerk & Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest E. Laubaugh
Physician
(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar

Address ____

Filed Oct 7 1920

R A Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-294636

413-205-001-533

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83946

No. ..... St.

Hospital St Alphonsus

Primary Registration District No. 1004 Registered No. 388

FULL NAME OF CHILD Elizabeth Claire Mackin

Sex of Child Female | Twin Triplet or other? No and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 5th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Stephen MacKin	FULL MAIDEN NAME	Clara Cecelia Ellis
RESIDENCE	Placerville Idaho	RESIDENCE	Placerville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Store Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Filed Oct 7 1920

R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

8 7 75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 18 10 57 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of }

Certificate No. 83946

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mackin (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1920 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Elizabeth Mackin
		Claire

Subscribed and sworn to before me this 7 day of
Aug., 1975
Notary Public, residing at Boise, Idaho
My commission expires Sept. 18, 1977
(Seal)

Signed Susan C. Gerhart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1100 No. Roosevelt Boise Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

St. John's Cathedral Certificate of Baptism gives name as Elizabeth Clara Maken born to Stephen Macken and Clara Ellis on October 5, 1920. and Baptized October 15, 1920 by Rex. W. A. Gallahue kn the Roman Catholic Church.
Viewed by V.S.

AUG 18 19

Certificate of Marriage issued by the Holy Redeemer Church of Portland, Oregon gives name of bride as Elizabeth C. Mackin marriaed to John M. Gega on the 30th day of Sept. 1950 in the Roman Catholic Church..
Viewed by V.S.

Certificate of birth of child Phillis Claire Gega gives name of mother as Elizabeth Claire Mackin. Child born July 27, 1951 in St. Vincent's Hospital in Portland, Oregon.
Viewed by V.S.

795-202-201-455

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83947

No. ——— St.

Hospital St. Luke's — Primary Registration District No. 1004 — Registered No. 389

FULL NAME OF CHILD Nathalia Joye Gregory

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10 — 2 — 1920

FATHER

FULL NAME: O. F. Gregory

RESIDENCE: 1521½ N. 13th St., Boise, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Mass.

OCCUPATION: Reporter

MOTHER

FULL MAIDEN NAME: Marie P. Deahers

RESIDENCE: 1521½ N. 13th St., Boise, Idaho.

COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4th P. M. on the date above stated.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho.

Filed Oct 8 1920

R. H. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

NOV 10 1953

249-129-001-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. —— St.

Hospital St. Luke's

Registration District No. 2 File No. 83948

Primary Registration District No. 1004 Registered No. 390

FULL NAME OF CHILD Wilfred Dee Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	9 — 29 — 1920

FATHER		MOTHER	
FULL NAME	A. D. Smith	FULL MAIDEN NAME	Dorothy E. Dee
RESIDENCE	Garden Valley, Idaho	RESIDENCE	Garden Valley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7⁰⁰ a. M. on the date above stated.

(Signature) J. M. Taylor, M.D.

(Physician or midwife)

Address Boise, Idaho.

Filed Oct 8 1930 R. H. Pratt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-206-001-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 408 N. 15 St. Registration District No. 2 File No. 83950

Hospital St. Lukes Primary Registration District No. Registered No. 392

FULL NAME OF CHILD SHIRLEY ANN HELEN COPPING
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No		1	Yes	Oct. 6 1920

What bacteriolidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: E. V. Copping	FULL MAIDEN NAME: Sherley Macke
RESIDENCE: Denver, Colorado	RESIDENCE: Denver, Colorado
COLOR: Wt. AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: Wt. AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Colorado
OCCUPATION: Theatricals	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. Forney
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Oct. 8 1920 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 83950

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	M. E. Copping	E. V. Copping
Mother's Age	19	17
Mother's birthplace	Dublin, Ireland	Colorado

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs. E. V. Copping
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JUL 8 1968

862-778-001-665

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. Bissels Cross St.

Hospital

Registration District No. 2 File No. 83951

Primary Registration District No. 1[illegible]4 Registered No. 393

FULL NAME OF CHILD Bettie Fern Yost

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		l	Sept (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Dana Dana K. Yost	FULL MAIDEN NAME	Mabel M. Owens
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	farmer Ohio	BIRTHPLACE	Okla.
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 07 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck G.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 308 McCarty Bldg

Filed Oct 8 1920 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1973

249-229-001-759

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Name added 3/3/81

Registration District No. 2

File No. 89952

No. 2315 N 20 St.

Primary Registration District No. 1004

Registered No. 394

Hospital

FULL NAME OF CHILD Elise Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f	2	L	Sept 29 1920

FATHER		MOTHER	
FULL NAME	Barr Neff Smith	FULL MAIDEN NAME	Elsie Gerrard
RESIDENCE	white Boise	RESIDENCE	Boise
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck G.

(Physician or midwife)

Given names added from a supplemental report.

19

Address 303 McCarty Bldg

Filed Oct 8 1920 - R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1955

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 3 3 32 PM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 83952
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Smith (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept, 29, 1920 (Date of Event)

in Boise, ID Ada (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name of Child	omitted	Elise Smith

Subscribed and sworn to before me this 3rd day of March, 1981.

Notary Public, Florence Curtright
Residing at Boise
My commission expires Lifetime
(Seal)

Elise S. Kelly
Signature of Applicant

2206 Hillway Dr. Boise
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own child's birth cert. gives name as Elise Smith age 26, born at Boise, ID.
Child's date of birth 2/21/47. SF#432143 Viewed by VS.

Social Security Card gives name as Elise S. Kelly.
Viewed by VS.

632-129-001-632

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83953

No. ____ St.

Hospital St Lukes — Primary Registration District No. 1004 — Registered No. 395

FULL NAME OF CHILD Richard Alfred Olson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			1	O	Sept. 29 1920

FATHER	MOTHER
FULL NAME: Hans Olson	FULL MAIDEN NAME: Hulda Olson
RESIDENCE: 121 Bannock St Boise	RESIDENCE: 1021 Bannock St Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

(Signature) Dr. John Bocak

(Physician or midwife)

Address 309 McCarty Bldg

Filed Oct 8 1920 — R.S. Craig, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

John Boeck of Boise Ida

Being first duly sworn, deposes and says that he is —
(if related, specify degree,
family physician of Richard Alfred Olson
if friend or otherwise, so state)

who Sep 29th 1920 in the city of Boise, County of Ada
(was born, ~~died~~)

on the — day of —, 19__, as stated in a certificate of birth
birth or
~~death~~ filed by John Boeck M.D.
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada

Idaho, on the 8th day of Octbr 1920

That the following facts set forth in said certificate are not correctly stated therein, to wit: that his name should Olson instead of Ohlson

That affiant upon his own knowledge states the true facts to be,
his, her
and the changes necessary to make the record correct are, as follows: —

(Seal)

Affiant John Boeck
Address Boise Ida

Subscribed and sworn to before me this 1st day of July 1940

Evans Paul Barnes
Notary Public for Idaho
Residing at Boise Idaho.

STATE OF Idaho)
) SS.
COUNTY OF Ada.)

_____ of _____

being first duly sowrn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant John Boeck M.D.
Address Boise Ida

Subscribed and sworn to before me this ____ day of _____ 19__

(Seal)

_____
Notary Public.

VS 44

266-228-001-955

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83954

No. ..... St.

Hospital St Luke's

Primary Registration District No. 1[illegible] Registered No. 396

FULL NAME OF CHILD Helyn Carolyn Boor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Newton Boor	FULL MAIDEN NAME	Velmer Renfreau
RESIDENCE	Pacific Hotel Boise	RESIDENCE	Pacific Hotel, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska U.S.	BIRTHPLACE	Miss. U.S.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. McK. Hall M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 212 McCarty Bldg. Boise Idaho

Filed Oct 8 1920 R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

566-125-001-153

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 3

File No. 83955

No. ____ St.

Hospital St. Alphonsus

Primary Registration District No. 114

Registered No. 337

FULL NAME OF CHILD Edward George Nourse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				yes	Sept. 25 1920

FATHER	MOTHER
FULL NAME Frank Corker Nourse	FULL MAIDEN NAME Rosalie Anna Unternahrer
RESIDENCE Boise	RESIDENCE Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Boise, Idaho	BIRTHPLACE Dakota, North Dakota
OCCUPATION Proprietor of Garage	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Geo Calvert

(Physician or midwife)

Address ____

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec 12 1920

R. N. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1942

691-108-001-655

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 83956

No. ..... St.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 798

FULL NAME OF CHILD Harry Thomas Francis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	Oct 8th 1920

	FATHER	MOTHER
FULL NAME	Archie C. Francis	FULL MAIDEN NAME Margaret Wentworth
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	32
BIRTHPLACE	Wyoming	Florida
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 12 1920

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1941

DEC 3 0 1943

OCT 22 1951

281-209-001-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 214 Myrtle St.

Hospital

Registration District No.

File No. 83957

Primary Registration District No. 1004

Registered No. 399

FULL NAME OF CHILD Ila Marie Shaul

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 10 (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Howard Shaul	FULL MAIDEN NAME	Ethel Harvey
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Pa.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Heggs

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address 1622 Wash St

Registrar

Filed Oct 12 1920

R H Pratt
Registrar

Marriage License - Ada Co. - Nov. 13, 1937
Child's Birth Cert. #44291 Viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 83957

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Shaul (Name on Original Certificate) who was born (Was Born or Died) on Oct. 9, 1920 (Date of Event) in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by [redacted] (Bible Record, Insurance Policy, Etc.) prepared [redacted] (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Ila Marie Shaul

Subscribed and sworn to before me this 29 day of May, 1937

J Benton Idaho
Notary Public, residing at Boise, Idaho
My commission expires 6-13-57
(Seal)

Signed Ethel may Brooke formerly Ethel may Shaul.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2413 Smith Ave. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I was next door neighbor and present at the Birth

Subscribed and sworn to before me this 29 day of May, 1937

J Benton Idaho
Notary Public, residing at Boise, Idaho
My commission expires 6-13-57
(Seal)

Signed Clara M. Bolon
(Signature of Any Credible Person)

210 Myrtle St. Boise, Idaho
(Street Address, City, State)

FORM DPH 55. 155

JUN 4 1957

FEB 21 1962

656-125-001-571

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83958

No. ..... St.

Primary Registration District No. 1004 Registered No. 400

Hospital St. Alphonsus

FULL NAME OF CHILD Warren Gerald Fenkes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 25 1920

FATHER		MOTHER	
FULL NAME	Curtis F. Fenkes	FULL MAIDEN NAME	Edith May Egan
RESIDENCE	3 Mi. N. of Meridian	RESIDENCE	3 Mi. N. of Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Guttar

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed Oct 15 1920 R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1985

DECEASED

235-113-001-212

PLACE OF BIRTH

Form V. S. No. 11-C-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 506 Bannock St.

Hospital St. Alphonsus

Registration District No. .....

File No. 83959

Primary Registration District No. 1116

Registered No. 611

FULL NAME OF CHILD Homer William Stephens, Jr.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 13 1920

FATHER		MOTHER	
FULL NAME	Homer William Stephens	FULL MAIDEN NAME	Lulu Baker
RESIDENCE	506 Bannock St. Boise Ida	RESIDENCE	Boise Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 13 1920, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Numbers

(Physician or midwife)

Address Boise Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 15 1920

R H Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YEAR: 1920

FILE # 83960

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-83960 A & B TWINS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

915-113-001-793
915-213-001-793

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

County of Ada

City of Boise

No. ✓ ✓ St.

Hospital St Alphonsus

Registration District No. 2

File No. 83960

Primary Registration District No. 1004

Registered No. 402

Full Name of Child WILLIAM JOSEPH & TERESA CLAIRE RANFT

SEX OF CHILD M + F	Twin ~~Triplet or other?~~ and Number in order of birth 14 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Ranft	FULL MAIDEN NAME	Mary Gilbert
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	M	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 12

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Tomey

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Oct 15 1920

R. H. Pratt
Registrar

2

Z-Twins A+B

DEC 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 83960
Date Filed 12-22-41

The undersigned does solemnly swear that certain facts on the certificate of births (Birth or death)
for Wm. Joseph + Teresa Claire RANFT (Name on original certificate) who were born (Was born or died) on Oct 13 - 1920 (Date of event)
in Boise (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on December 22-41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Names	Unnamed twins	Wm. Joseph & Teresa Claire
Wm Joseph RANFT		~~Ranft~~ RANFT
Teresa Claire RANFT		

Subscribed and sworn to before me this 22nd
day of December, 1941
J. L. Mhcraft
Notary Public, residing at Placerville Ida
My commission expires 7/25 - 1944
[SEAL]

Signed Mrs Mary Ranft Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Placerville Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on DEC 26 1941 By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

915-113-001-793
915-213-001-793

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

County of Ada

City of Boise

No. ✓ ✓ St.

Hospital St Alphonsus

Registration District No. 2

File No. 83960

Primary Registration District No. 1004

Registered No. 402

Full Name of Child WILLIAM JOSEPH & TERESA CLAIRE RANFT

SEX OF CHILD M + F	Twin ~~Triplet or other?~~ and Number in order of birth 14 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Ranft	FULL MAIDEN NAME	Mary Gilbert
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	M	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 12

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Tomey

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Oct 15 1920

R. H. Pratt
Registrar

2

Z-Twins A+B

DEC 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 83960
Date Filed 12-22-41

The undersigned does solemnly swear that certain facts on the certificate of births (Birth or death)
for Wm. Joseph + Teresa Claire RANFT (Name on original certificate) who were born (Was born or died) on Oct 13 - 1920 (Date of event)
in Boise (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on December 22-41 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Names	Unnamed twins	Wm. Joseph & Teresa Claire
Wm Joseph RANFT		~~Ranft~~ RANFT
Teresa Claire RANFT		

Subscribed and sworn to before me this 22nd
day of December, 1941
J. L. Mhcraft
Notary Public, residing at Placerville Ida
My commission expires 7/25-1944
[SEAL]

Signed Mrs Mary Ranft Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Placerville Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1987 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on DEC 26 1941 By
(Registrar's signature)

954-230-001-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2707 Heron St.

Hospital

Registration District No. 2

File No. 83961

Primary Registration District No. [illegible]

Registered No. 403

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 20 (Day) 19[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Arthur Rempo.	FULL MAIDEN NAME	Cora Dillard
RESIDENCE	2707 Heron St.	RESIDENCE	2707 Heron St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Missouri
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at [illegible] M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Joseph M. Dunn
Physician
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address 302-04 Overland Bldg

Filed Oct 15 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-210-001-689

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. ~ File No. 83962

Primary Registration District No. [illegible] Registered No. 404

FULL NAME OF CHILD Roberta Mae Fite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 — 10 — 1920

FATHER		MOTHER	
FULL NAME	J. V. Fite	FULL MAIDEN NAME	Hazel E. White
RESIDENCE	1521 ½ N. 13th St, Boise	RESIDENCE	1521 ½ N. 13th St, Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McLaylor M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Oct 15 1920

R. H. Pratt
Registrar

4/5/41 L. B.

OCT 26 1942

418-211-001-261

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 5-5-17

Amended 2/16/83

County of Ada

City of Boise

Registration District No. 2

File No. 83963

No. ..... St.

Primary Registration District No. 1004

Registered No. 405

Hospital St. Alphonsus

FULL NAME OF CHILD Maher, Teresa Margaret

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		4	yes	10 11 1920

FATHER		MOTHER	
FULL NAME	Maher, Edward M	FULL MAIDEN NAME	Swisher, Clara
RESIDENCE	Jordan Valley, Ore	RESIDENCE	Jordan Valley Ore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pleasant Valley Idaho	BIRTHPLACE	Cow Creek - Idaho
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Genoway

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise

Filed Oct 15 1920 R. N. Bath

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2/16/83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS

FEB 16 3 36 PM '83

State of Idaho
County of Ada } ss.

Certificate No. 83963
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Teresa Maher (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 11, 1920 (Date of Event)

in Boise (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
middle name of child	omitted	Margaret

Subscribed and sworn to before me this 16th day of February, 1983.

Notary Public, Linda Adamson

Residing at Nampa

My commission expires April 3, 1985

(Seal)

Teresa M Thomsen
Signature of Applicant

2506 Regan, Boise, Id. 83702
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Baptismal Remembrance states that Teresa Margaret Maher born on the 11 day of October 1920 was baptized the 15 day of October 1920 in St. Alphonsus Hospital church at Boise,ID by Rev. Bartholomew A. Ronayne.
Viewed by V.S.

FEB 16 1983

Family Bible Register of Births lists Teresa Margaret Maher, October 11, 1920 Boise, Idaho.
Viewed by V.S.

584106-001-662

Form V. S. No. 11-C—25m-[illegible]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 1406 E. Franklin St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83964

Primary Registration District No. 1005 Registered No. 406

FULL NAME OF CHILD (1) JOHN A. Nydegger (2)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			1	l	Oct 6 1920

FATHER	MOTHER
FULL NAME Adolph J. Nydegger	FULL MAIDEN NAME Effie M. Foster
RESIDENCE 1406 E. Franklin	RESIDENCE 1406 E Franklin
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE WISCONSIN
OCCUPATION Foreman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:15 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Beach

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 15 1920 R N Pratt

Registrar

NOV 2[illegible] 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 31 1941
County of Ada

Certificate No. 83964

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Adolph J. Mydegger Jr. (NAME ON ORIGINAL CERTIFICATE), who born (WAS BORN OR DIED) on Oct 6 1920 (DATE OF EVENT)
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Adolph J. Mydegger Jr.	John A. Mydegger
Birthplace of mother	Switzerland	Pennsylvania

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed [signature]
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 16 1942

DEC 31 1941

JUN 5 1948

695-210-001-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1706 Jeffersen

Hospital

Registration District No. 2 File No. 83965

Primary Registration District No. 1004 Registered No. 407

FULL NAME OF CHILD Frances M Freeman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f.	1	l	Oct 10 1920

FATHER		MOTHER	
FULL NAME	Wm Freeman	FULL MAIDEN NAME	Emilia D. Andregg
RESIDENCE	1706 Jefferson	RESIDENCE	1706 Jeff
COLOR	w.	COLOR	w
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck

M.G.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 18 1920 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

County of Ohio

STATE OF OHIO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

City of Boise Registration District No. 2 File No. 83966

No. 1703 N. 18th St.

Primary Registration District No. 1004 Registered No. 408

Hospital

FULL NAME OF CHILD Leona Ellen Baxter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f	1	l	Oct 18 1920

FATHER	MOTHER
FULL NAME Cecil E. Baxter	FULL MAIDEN NAME Lillie M. Robertson
RESIDENCE 1703 N. 13th	RESIDENCE 1703 N. 13th
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Colo.	BIRTHPLACE Idaho
OCCUPATION Stage carpenter	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 18 1920 R. H. Pratt. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

367 - 209 - 001 - 556

County of Ada

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Boise Registration District No. 2 File No. 83967

No. 2502 Jefferson Primary Registration District No. 1004 Registered No. 409

Hospital

FULL NAME OF CHILD Dorothy Nellie Cox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes	Oct 9 1920

FATHER	MOTHER
FULL NAME Thurman W Cox	FULL MAIDEN NAME Minnie Hannah Burrell
RESIDENCE 2502 Jefferson	RESIDENCE 2502 Jefferson
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Shelbyville Illinois	BIRTHPLACE New Missouri
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr L D Anderson

Physician

(Physician or Midwife)

Address 319 Idaho Bldg

Given names added from a supplemental report

....., 19.....

Filed Oct 18 1920 R N Rath

Registrar

.....

Registrar

8-Y CO., 16670

JAN 26 1943

713-208-001-318

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83968

No. ____ St.

Primary Registration District No. 1004 — Registered No. 41

Hospital ____

FULL NAME OF CHILD Blanche A Patterson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		1	L	Oct 8 1920

FATHER	MOTHER
FULL NAME John M. Patterson	FULL MAIDEN NAME Blanche Laymaw
RESIDENCE 1519 N-16th	RESIDENCE 1519-N. 16th
COLOR white — AGE AT LAST BIRTHDAY 26 (Years)	COLOR white — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Wis	BIRTHPLACE Utah
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

(Signature) Dr. John Boeckel M. D.

(Physician or midwife)

Address ____

Filed Oct 18 1920 — R. H. Pratt, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1967

493-218-001-943

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ..... File No. 83969

No. ..... St.

Hospital St. Alph

Primary Registration District No. 1004 Registered No. 411

FULL NAME OF CHILD Jacquelyn Marie Mitchell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard Mitchell	FULL MAIDEN NAME	Florence Ruckdachel
RESIDENCE	410 No 2nd Boise	RESIDENCE	Boise
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Spokane Wash.	BIRTHPLACE	Boise
OCCUPATION	Butcher	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Tetris MD

(Physician or Midwife) Boise.

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Oct 21. 1920. R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

JUL 26 1973

OCT 13 1972

JUN 20 1974

Amended 5-25-61

PLACE OF BIRTH

469-208-001-699

County of Ada

City of Boise

No. ____ St.

Hospital St. Luke's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83970

Primary Registration District No. 1004 Registered No. 412

FULL NAME OF CHILD Arline Eleanor Morris

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 8, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Chas. W. Morris	FULL MAIDEN NAME	Elsie Orr
RESIDENCE	904 N. 27th	RESIDENCE	904 N. 27th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:00 M. on the date above stated.

(Signature) Dr. John Boeck, M.D.

(Physician or midwife)

Address .....

Filed Oct. 21, 1920 R.H. Pratt
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Multnomah }

Certificate No. 83970

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Arline Elenor Norris (Name on Original Certificate) who born (Was Born or Died) on Oct. 8, 1920 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Arline Elenor Norris	Arline Eleanor Morris

Subscribed and sworn to before me this 7th day of February, 1960.

Notary Public, residing at Portland, Oregon
My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires March 9, 1964
(Seal)

Signed [signature] Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Meridian, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true, to the best of his knowledge.

Subscribed and sworn to before me this 7th day of February, 1960

Notary Public, residing at Portland, Oregon
My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires March 9, 1964
(Seal)

Signed [signature]
(Signature of Any Credible Person)

[illegible] Meridian, Ida.
(Street Address, City, State)

FORM DPH 55. 155 CL 3-31-60. nm

Family History Record, Photo Copy of Record, appears old, and unaltered gives full name as Arline Eleanor Morris, born Oct. 8, 1920 at Boise, Idaho - married Sam Maxson in 1939- parents names are given as Charles William Morris, born Sept. 6, 1877 at Denison, Iowa and Elsie Viola Orr Morris, born Dec. 31, 1880 at Thurman, Iowa - viewed by V.S.

Sheridan, Oregon High School Diploma, June 2, 1939 gives full name of student as Arline Eleanor Morris - viewed by V.S. photo copy of orr. document -

Marriage Certificate, photo copy of, married June 2, 1939 at Sheridan, Oregon gives full name of groom as Sam S. Maxson and full maiden name of bride as Arline Eleanor Morris - viewed by V.S.

843-115-001-281

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 505 So. 16 St.

Hospital

Registration District No. 2 File No. 83971

Primary Registration District No. 1004 Registered No. 413

FULL NAME OF CHILD Leland Belmont Hutchinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	\	l	Oct 15 1920

FATHER		MOTHER	
FULL NAME	Richard E Hutchinson	FULL MAIDEN NAME	
RESIDENCE	505 So. 16	RESIDENCE	Margore M Shaw
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ill.	BIRTHPLACE	Ore
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck M.G.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 303 McBoakeley

Filed Oct 21, 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 2 1942

DEC 10 1957

391 - 216 - 001 - 813

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83972

No. 1402 E Wash St. — Primary Registration District No. 1004 — Registered No. 414

Hospital

FULL NAME OF CHILD Dorothy Edna Crawford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			1	e	Oct 16 1920

FATHER	MOTHER
FULL NAME Henry M. Crawford	FULL MAIDEN NAME Asha B. Hall
RESIDENCE 1402 E Wash	RESIDENCE 1402 E Wash
COLOR W — AGE AT LAST BIRTHDAY 24 (Years)	COLOR W — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Kan.
OCCUPATION Hog raiser	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12-15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Borck M.D.
(Physician or midwife)

Address 303 McCarty Bldg

Filed Oct 21, 20 — R. H. Pratt
Registrar

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-116-001-437

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 83973

No. — St.

Primary Registration District No. 106 Registered No. 415

Hospital St. Luke's

FULL NAME OF CHILD Louis McGee Baker

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) — 16 (Day) — 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ralph H. Baker	FULL MAIDEN NAME	Glenna M. McGee
RESIDENCE	Prairie, Idaho	RESIDENCE	Prairie, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oregon	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 45 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed Oct 22 1920. R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/10/41 L. B.

FEB 14 1952

412-116-001-513

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83974

No. ——— St.

Hospital St. Luke's — Primary Registration District No. 1004 — Registered No. 416

FULL NAME OF CHILD Edward Eaton Mason

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10-16-1920

FATHER

FULL NAME Edward F. Mason

RESIDENCE 2015 Eastman St. Boise, Idaho

COLOR White — **AGE AT LAST BIRTHDAY** 32 (Years)

BIRTHPLACE Maine

OCCUPATION Publicity-Manager of University Ex. Dept.

MOTHER

FULL MAIDEN NAME Dora B. Eaton

RESIDENCE 2015 Eastman St. Boise, Idaho

COLOR White — **AGE AT LAST BIRTHDAY** 24 (Years)

BIRTHPLACE Wyoming

OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Brayton M.D.

(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Oct 22 1920

R. H. Pratt
Registrar

MAY 12 194[illegible]

DEC 20 1948

MAY 22 1959

855-114-001-369

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83975

No. — St.

Hospital St. Luke's — Primary Registration District No. 1004 — Registered No. 417

FULL NAME OF CHILD Clyde Stanley Henderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 - 14 - 1920

FATHER

FULL NAME Chas. A. Henderson

RESIDENCE 1310 Alturas St., Boise, Idaho

COLOR White — AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Ohio

OCCUPATION Tinker

MOTHER

FULL MAIDEN NAME Lucretia Torrence

RESIDENCE 1310 Alturas St., Boise, Idaho

COLOR White — AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 11 — Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 00 P. M. on the date above stated.

(Signature) J. N. Gratton M.D.

(Physician or midwife)

Address Boise, Idaho.

Filed Oct 22 1920 — R. H. Pratt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19___

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

AUG 6 1941

State of Idaho } ss.
County of Ada

Certificate No. 83975
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for — — Henderson (Name on original certificate) who was born (Was born or died) on February 14, 1920 (Date of event)
in Boise Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Baby's record (Bible record, insurance policy, etc.) prepared on July 23, 1913 & later births (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	no name	Clyde Stanley Henderson

added.

Subscribed and sworn to before me this 6th
day of August, 1941

Florence LaDelle
Notary Public, residing at Boise Ida

My commission expires
[SEAL]

Signed Lucretia T. Henderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

R. 1 Boise
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of } ss.
County of

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

845-212-001-653

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No. 83976

Primary Registration District No. 10 Registered No. 418

FULL NAME OF CHILD Virginia Clair Hunter

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) — 12 (Day) — 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clair S. Hunter	FULL MAIDEN NAME	Neenah E. Wetter
RESIDENCE	1115 N. 19th St., Boise, Idaho	RESIDENCE	1115 N. 19th St., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Iowa
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Graham
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho.

Filed Oct 22 1920 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-211-001-449

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No. 83977

Primary Registration District No. 1004 Registered No. 119

FULL NAME OF CHILD Aileen McConnell

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) — 11 (Day) — 1920 (Year)

FATHER		MOTHER	
FULL NAME	John B. McConnell	FULL MAIDEN NAME	Helen L. Murphy
RESIDENCE	Patterson Apts., Boise, Idaho	RESIDENCE	Patterson Apts., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Montana
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Brayton
M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed Oct 22 1920 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

IN THE CIRCUIT COURT OF THE 11TH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA. IN CHANCERY.

NO. 7,555

IN RE:

CHANGE OF NAME OF

AILEEN MC CONNELL.

ORDER CHANGING NAME

This cause coming on to be heard upon the sworn petition of AILEEN McCONNELL and the Court, being advised in the premises, finds that said petition should be granted. Therefore, upon consideration, it is

ORDERED, ADJUDGED AND DECREED that the name of Aileen McConnell be and the same is hereby changed to AILEEN FRANCES NEILLEY, and that said individual shall henceforth be known by that name.

DONE AND ORDERED in Chambers at Miami, Dade County, Florida, this 9th of February, A. D. 1943.

George E. Holt

CIRCUIT JUDGE

A true Copy of the Original on file in the Clerks Office. WITNESS my hand and Official Seal. This 9th day of Feb. A. D. 1943

E. B. LEATHERMAN, Clerk Circuit Court

By Wm Sirtley D. C.

FEB 13 1943

SMATHERS, THOMPSO ELL

This [illegible]

[illegible]

[illegible]

[illegible]

Aileen McConnell [illegible]

[illegible]

be known by that name.

[illegible]

[illegible] 9th [illegible]

[illegible]

FEB 13 1945

[illegible]

Office. WITNESS my hand and Official Seal

This [illegible] day of [illegible] A. D. 194[illegible]

E. BULATHEMANN,

Clerk Circuit Court

[illegible]

SMATHERS, THOMPSO[illegible]

693 - 209 - 001 - 255

Amended 1-3-62

(Be sure the information is complete and accurate)

State File No. 83978
Local Reg. No. 420
Reg. Dist. No. 2

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): St. Luke's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 616 Fort St.

3. CHILD'S NAME (Type or print)
a. (First): Jacquelyn
b. (Middle): Edna
c. (Last): Wilson

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 10 - 9 - 1920

FATHER OF CHILD

7. FULL NAME
a. (First): C.
b. (Middle): Whitsit
c. (Last): Wilson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Oklahoma

11a. USUAL OCCUPATION: Bookkeeper

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Edna
b. (Middle): W.
c. (Last): Kent

13. COLOR OR RACE: White

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 0
b. How many OTHER children were born alive but are now dead?: 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: T. N. Braxton

18c. ADDRESS: Boise, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct. 22, 1920

20. REGISTRAR'S SIGNATURE: R.H. Pratt

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG- | 22b. WEIGHT AT BIRTH | 23

ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83978

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Jacquelin Edna Wilson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 9, 1920 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Jacquelin	Jacquelyn

Subscribed and sworn to before me this 12th day of December, 19 61

Isabelle C Link Isabelle C Link

Notary Public, residing at 4830 Placidia Ave

My commission expires 6-14-65

(Seal) for the County of Los Angeles, State of California

My Commission Expires June 14, 1964

Signed Edna K. Wilson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1500 Edison Blvd. Burbank, Ca

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 1967

Vada C Wiyant

Notary Public, residing at 2211 E Carson L.B

My commission expires June 25, 1964

(Seal)

Signed Robert W. Fitzgerald

(Signature of Any Credible Person)

2752 Silverwood Drive

~~1406 Harrisburg Road~~

(Street Address, City, State)

Los Alamitos, California

FORM DH 60-155 CL 11-22-61. nm

verfax copy of -
State of Illinois, Registered Nurse Certificate, January 11, 1943 gives full name as Jacquelyn Edna Wilson - viewed by V.S.
verfax copy of -
Certificate of Marriage, Garfield Park Methodist Church, Chicago, Illinois, June 19, 1943 gives full name of groom as Robert Raisig and full name of bride as Jacquelyn Wilson - viewed by V.S.

168-204-001-137

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 83979

No. ——— St.

Hospital St. Luke's — Primary Registration District No. 1004 — Registered No. 431

FULL NAME OF CHILD Margaret Marie Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 — 4 — 1920

FATHER

FULL NAME: Earl G. Johnson

RESIDENCE: 1120 Fort St., Boise, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Baker

MOTHER

FULL MAIDEN NAME: Alberta Allen

RESIDENCE: 1120 Fort St. Boise, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Brayton M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19____

Registrar

Filed Oct 22, 1920

R. N. Pratt
Registrar

APR 2 1942

AUG 8 1960

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 296-108-001-713

County of Ada

City of Boise

No. St Luke's St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83980

Primary Registration District No. 1004 Registered No. 422

FULL NAME OF CHILD JOSEPH MILTON BROWN

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	Sing	6	Yes	Oct 8, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M E Brown	FULL MAIDEN NAME	Hanna Patterson
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ohio	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L C Bowers

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address 303 W. 15th St.

Filed Oct 21 1920 R. H. Platt

Registrar

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Clark } ss.

Certificate No. 83980

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Joseph Milton Brown (Name on Original Certificate) who was born (Was Born or Died) on October 8, 1920 (Date of Event)

in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother's word (Bible Record, Insurance Policy, Etc.) prepared on July 25, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Joseph Milton Brown

Subscribed and sworn to before me this 27th day of July, 1942

E. E. Bowyer

Notary Public, residing at Vancouver, Washington

My commission expires 5-1-46 (Seal)

Signed Mrs Hannah Amelia Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1915 H. ST. - VANCOUVER, WASH.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Clark } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July, 1942

E. E. Bowyer

Notary Public, residing at Vancouver

My commission expires Jan 18-1946 (Seal)

Signed Mrs. Hiram L. Chaffee
(Signature of Any Credible Person Other Than Previous Year)

4400 LAVINA - VANCOUVER, WASH.
(Street Address, City, State)

JUL 29 1942

AUG 5 1942

491-114-001-243

PLACE OF BIRTH

Amended 2/21/79

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 83981

No. ..... St.

Hospital St Alphonsus

Primary Registration District No. 114

Registered No. 423

FULL NAME OF CHILD William Alfred Drake

Sex of Child Male

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth 2nd

Legitimate? Yes

Date of Birth 5 (Month) - 14 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Jno C. Drake	FULL MAIDEN NAME Rose E Bateman
RESIDENCE Murphy Ida	RESIDENCE Murphy Ida
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Wyo
OCCUPATION Farmer	OCCUPATION HW

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:45 P. M. on the date above stated.

(Signature) M. Allen Callaway

Physician

(Physician or midwife)

Address Boise, Idaho

Filed Sept 7 1920

R. H. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 24 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 83981

Date Filed .....

26 | 15 PM '79

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed male Drake (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1920 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	not named	~~William Drake~~ William Alfred Drake

Subscribed and sworn to before me this 28th day of November, 1978

Lea A. Isbell

Notary Public, residing at Auburn, Ca.

My commission expires .....

(Seal)

OFFICIAL SEAL
LEA A. ISBELL
NOTARY PUBLIC - CALIFORNIA
PLACER COUNTY
My Commission Expires Aug. 19, 1980

Signed Rose E. Drake, Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Box 276 G Quincy, Ca 95971

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

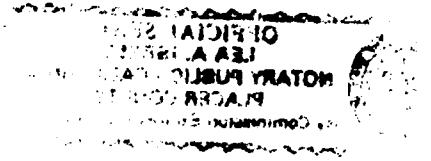
FORM DH 60-155

CL sent 2/24/78 nm.

Certif of Baptism gives name as William Alfred Drake. Baptized Nov 15, 19..
1959. viewed by V. S.

First Premium Receitp from AEtna Life Ins. Co. gives ~~xx~~ name as William Alfred Drake, dated April 1, 1971. Policy No. N 2 747 980. viewed by V. S.

FEB 2 1 1979



AMENDED MAR. 30, 1951 599-120-001-712

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. ____ St.

Registration District No. 2 File No. 83982

Hospital ST. ALPHONSUS Primary Registration District No. 1004 Registered No. 424

FULL NAME OF CHILD RICHARD EUGENE ERIKSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	OCT. 20 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	EUGENE CARL ERIKSON	LOIS GABAN
RESIDENCE	1212 N. 16th BOISE, IDAHO	BOISE, IDAHO
COLOR	WHITE	WHITE
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	CONNECTICUTT	MANHATTAN, KANSAS
OCCUPATION	MECHANIC	HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was OCT. 20, 1920 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) JOS. R. NUMBERS
(Physician or midwife)

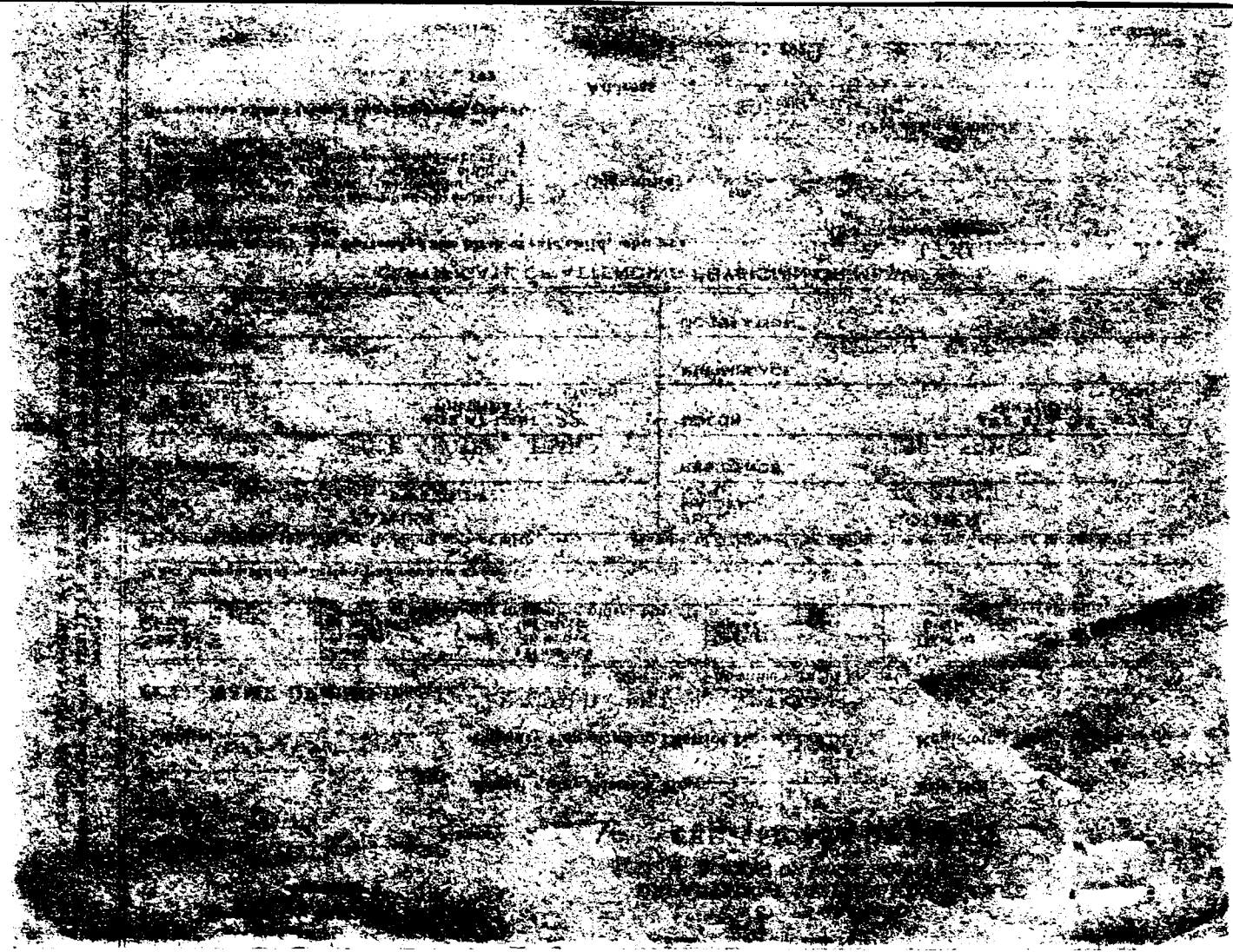
Address BOISE, IDAHO

Give names added from a supplemental report.

....., 192....
Registrar.

Filed OCT 28 1920 R. H. PRATT
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 83982

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birth Place	Massachusetts	Connecticutt

Subscribed and sworn to before me this 3rd day of March, 19 42

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed Mrs Lois E. Erickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 9 Collister Ada Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH - 51117

165-125-001-000

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 124

File No. 83983

Registered No. 425

Full Name of Child ____

SEX OF CHILD: Male

~~Twin~~ ~~Triplet~~ or other? (To be answered only in event of plural births)

and Number in order of birth: 2

Legitimate? Yes

DATE OF BIRTH: 10 (Month) 25 (Day) 20 (Year)

FATHER

FULL NAME: Jno H. Jones

RESIDENCE: Montour Ada.

COLOR: White

AGE AT LAST BIRTHDAY ____ (Years)

BIRTHPLACE ____

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME ____

RESIDENCE: Montour Ada.

COLOR: White

AGE AT LAST BIRTHDAY ____ (Years)

BIRTHPLACE ____

OCCUPATION: Rancher

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Froom M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Dec 28 1920

R N Pratt

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-127-001-418

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. .....

Primary Registration District No. .....

File No. 83984

Registered No. 426

Full Name of Child Wayne Irene Herbert

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Sept. 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gustav A Herbert	FULL MAIDEN NAME	Helfrid M Dahlstrom
RESIDENCE	Boise Ida 815 N 7 St	RESIDENCE	815 N 7th St. Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Minister	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address 417 Overland Bldg. Boise Idaho

Filed Oct 26 1920 R. H. Pratt

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 8 1943

516-106-001-469

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2

Primary Registration District No. 1004

Form U. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 83985

Registered No. [illegible]

Full Name of Child Clifford Dorland Nafia

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Oct (Month) 6 (Day) [illegible] (Year)

FATHER		MOTHER	
FULL NAME	Clifford N Nafia	FULL MAIDEN NAME	Irene E. Dorland
RESIDENCE	303 N 19 st Boise Idaho	RESIDENCE	303 N 19 St. Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Grandview Idaho	BIRTHPLACE	Spencer Iowa
OCCUPATION	Junior Engineer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1[illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P.P. French M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

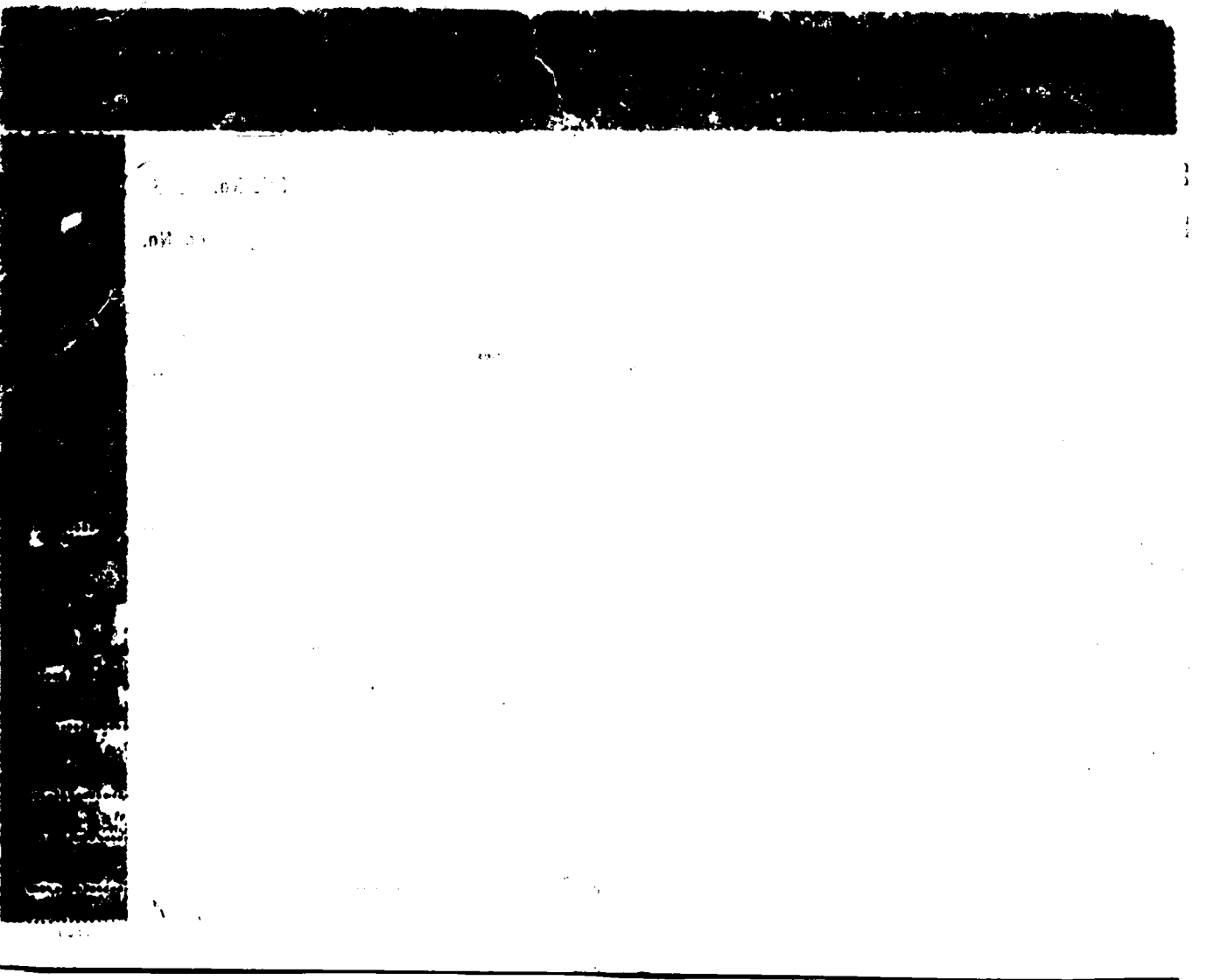
Address 417 Overland Bldg Boise Ida

Filed Oct 26 1920 R.H. Pratt

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

City of Boise Registration District No. File No. 83986

No. St.

Hospital St. Alphonsus Primary Registration District No. Registered No.

FULL NAME OF CHILD Victoria Basabe

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct 18 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Mr. Gragorio Basabe	FULL MAIDEN NAME Andrea Olaiza
RESIDENCE 502 Ash Street—Boise	RESIDENCE (Spain)—502 Ash St Boise
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Sheep Herder	OCCUPATION House wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 20 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe B Ward

Physician.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address

Filed Oct 26 1920 R. H. Pratt

Registrar.

OCT 18 1961

213-228-01-414

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St Alphon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 83987

Primary Registration District No. 1004 Registered No. 129

Full Name of Child LOLA MAY BACON

SEX OF CHILD Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes. | DATE OF BIRTH 10 (Month) – 28 (Day) – 20 (Year) 19

FATHER

FULL NAME Geo. R. Bacon

RESIDENCE Bristol Hotel

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Employee of Boise Cold Storage

MOTHER

FULL MAIDEN NAME Minnie Maulding

RESIDENCE Bristol Hotel

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill E, H,

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 30 1920 R. H. Pratt Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 83987

County of Cowlitz } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Oct 28, 1920 (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who Born 10-28-20 (WAS BORN OR DIED) on 10-28-20 (DATE OF EVENT)

in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1929 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Lola May Bacon

Subscribed and sworn to before me this 5 day of March, 1943

K. G. Dixon

Notary Public, residing at Longview

My commission expires Jan. 2. 1947

(SEAL)

Signed Minnie L. Bacon

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt. 1, Bx 96 Longview, Wash

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Cowlitz }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of March, 1943

K. G. Dixon

Notary Public, residing at Longview

My commission expires Jan 2. 1947

(SEAL)

Signed George R Bacon

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt. 1, Bx 96. Longview, Wash.

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 8 1943 By

(REGISTRAR'S SIGNATURE)

MAR 9 1943

MAR 19 1943

619 - 119-001 -863

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 203 N 7 St.

Hospital

Registration District No. 2

File No. 83988

Primary Registration District No. 1004

Registered No. 430

FULL NAME OF CHILD Infant Farnsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	Verne C Farnsworth	FULL MAIDEN NAME	Naomi Holt
RESIDENCE	203 N 7th St	RESIDENCE	203 N 7
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address 505 McCarty Blvd

Filed Oct 30 1920

R H Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-123-001-152

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 83989

No. 1307 Grove St. Primary Registration District No. 1004 Registered No. 431

Hospital

FULL NAME OF CHILD Charles Francis Baxter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Oct 23 1920

FATHER		MOTHER	
FULL NAME	Chas Francis Baxter	FULL MAIDEN NAME	Blanche Catherine
RESIDENCE	1307 Grove	RESIDENCE	1307 Grove
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Book keeper	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O H Parker

(Physician or ~~midwife~~)

Address 308 McCarty Bldg.

Filed Oct 30. 1920

R. N. Pratt. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1946

314-213-001-354

PLACE OF [redacted]

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 210 Bannock St.

Hospital St Luke

Registration District No. .....

File No. 83990

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD LORAINE LeMAY LAMOREAUX

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	Oct 13 1920

FATHER	MOTHER
FULL NAME Wendell D Lemieux LAMOREAUX	FULL MAIDEN NAME Laurentia Le May
RESIDENCE 210 Bannock	RESIDENCE 210 Bannock
COLOR w AGE AT LAST BIRTHDAY 22 (Years)	COLOR w AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Minnesota
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or [redacted])

Given names added from a supplemental report.

..... 19....

Address 503 McCarty Bldg

Filed Oct 30 1920 R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda }

Certificate No. 83090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Loraine LeMay Lamoreaux (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 13, 1920 (DATE OF EVENT) in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on November 10, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Loraine LeMay
Surname	Lamseux	Lamoreaux

Subscribed and sworn to before me this 1st day of December, 19 42

Notary Public, residing at Oakland, Cal.

My commission expires 8/1/43

(SEAL)

Signed Agnes Lamoreaux Erwin

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3522 Randolph Ave Oakland Cal.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December, 19 42

Notary Public, residing at Oakland, Cal.

My commission expires 8/1/43

(SEAL)

Signed William L. Erwin

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3522 Randolph Ave.

(STREET ADDRESS, CITY, STATE)

Oakland, Calif.

Received for filing on DEC 10 1942 By

(REGISTRAR'S SIGNATURE)

DEC 11 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

114-126-001-417

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. [illegible] File No. 83991

No. ..... St.

Hospital St Alph.

Primary Registration District No. 1014 Registered No. 437

FULL NAME OF CHILD Kenneth Bale Jamison

Sex of Child M

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Jamison	FULL MAIDEN NAME	Marie Maxwell
RESIDENCE	1215 Bannock St	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kansas.
OCCUPATION	Laborer	OCCUPATION	S.H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise

Filed Oct 30 1920 R H Pratt. Registrar

914-122-001-19[redacted]

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. 11

File No. 83992

Registered No. 47

FULL NAME OF CHILD Carl Ramcke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	1 (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Carl Ramcke	FULL MAIDEN NAME	Pauline Aigler
RESIDENCE	Meridian	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Meridian

11/4 1920

W. F. Neal
Registrar

Filed Nov 4 1920

W. F. Neal
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-117-001-395

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. ..... File No. 83993

No. R.U 2. St.

Primary Registration District No. 11 Registered No. 48

Hospital .....

FULL NAME OF CHILD Elmer Henry Potter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	7 17 1920

FATHER		MOTHER	
FULL NAME	Thomas W. Potter	FULL MAIDEN NAME	Almira E. Lindsey
RESIDENCE	Meridian Ida	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mead

Physician

(Physician or midwife)

Given names added from a supplemental report.

10/10 1920

H. F. Mead Registrar

Address Meridian Idaho

Filed Nov 4 1920 H. F. Mead Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1967

OCT 19 1943

Dup of
1920-144515

213-120-001-866

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. _____ St.

Hospital _____

Registration District No. _____ File No. 83994

Primary Registration District No. 11 Registered No. 49

Full Name of Child Harold Eugene Ball

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Clifford C. Ball	FULL MAIDEN NAME	Ada Anna Howry
RESIDENCE	Meridian Ida	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hayden Colo	BIRTHPLACE	Powersville Mo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Numbers Jr.

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Meridian, Ida

_____ Registrar

Filed 10-25 1920 H. F. Neal Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 28 1992

367-202-001-666

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. ..... File No. 83995

No. R.R. 1 St.

Primary Registration District No. 11 Registered No. 50

Hospital .....

FULL NAME OF CHILD Jessie Lee Cox

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
				Yes	10 2 1920

FATHER	MOTHER
FULL NAME Virgil L. Cox	FULL MAIDEN NAME Harriet Etta Woodard
RESIDENCE Meridian	RESIDENCE Meridian
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE Arkansas
OCCUPATION rancher	OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Mead
Physician
(Physician or midwife)

Address Meridian Idaho.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov. 4 1920 H. F. Mead
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1967

915-205-001-248

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. File No. 83996

No. R.R.1 St.

Primary Registration District No. 11 Registered No. 51

Hospital

FULL NAME OF CHILD Alice Louise Ranke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	10 3 1920

FATHER		MOTHER	
FULL NAME	John W Ranke	FULL MAIDEN NAME	Ledia Baumanan
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Russias	BIRTHPLACE	North Dakota
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P M. on the date above stated.

(Signature) H. F. Neal

Physician (Physician or midwife)

Address Meridian, Idaho

Filed Nov. 4 1920 H. F. Neal Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-110-001-281

Form V. S. No. 41-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.R. 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. File No. 83997

Primary Registration District No. 11 Registered No. 52

FULL NAME OF CHILD Chester Elston Frasier.

Sex of Child: Male | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: 10 (Month) 10 (Day) 1920 (Year)

FATHER

FULL NAME: Loyd E. Frasier

RESIDENCE: Meridian

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: laborer

MOTHER

FULL MAIDEN NAME: Merle Fay Shay

RESIDENCE: Meridian

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Iowa

OCCUPATION: housewife

Number of child of this mother, including present birth | Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:52 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or midwife)

Address Meridian Idaho.

Given names added from a supplemental report.

....., 19.....

K

Registrar

Filed Nov. 4 1920

H. F. Neal

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 83997

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Chester Frazier (NAME ON ORIGINAL CERTIFICATE) who 10/10/20 (WAS BORN OR DIED) on Oct 10 (DATE OF EVENT)
in Meridian (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Frazier	Frasier
Name	Chester	Chester Elston Frasier
Sex	not given	Male

Subscribed and sworn to before me this 22
day of January, 19 42

Notary Public, residing at

My commission expires
(SEAL)

Signed L E Frasier
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of January, 19 42

Notary Public, residing at Boise, Idaho

My commission expires Dec 13, 1942
(SEAL)

Signed L E Frasier
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route 1 Meridian Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

Amended 9-12-57

PLACE OF BIRTH

819-115-001-413

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. Route 1 St. Registration District No. File No. 83998

Hospital Primary Registration District No. 11 Registered No. 53

FULL NAME OF CHILD Warren Eugene Hartman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	October 15, 1920

What bacteriacidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Andrew Hartman	FULL MAIDEN NAME: Anna Macher
RESIDENCE: Meridian	RESIDENCE: Meridian
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Austria
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) H. F. Neal

Physician
(Physician or midwife)

Address Meridian, Idaho

Filed 11-4 1920 H. F. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 3 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gem }

Certificate No. 83998

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Warren Andrew Hartman (Name on Original Certificate) who was born (Was Born or Died) on Oct 15, 1920 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card #518-07-1977 -viewed by Vital Statistics California Driver's License #Y477076 prepared on (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Warren Andrew Hartman	Warren Eugene Hartman
Sex	Not given	Male

Subscribed and sworn to before me this 29th day of August, 1957

Notary Public, residing at Emmett, Idaho
My commission expires April 24, 1959
(Seal)

Signed Andrew A. Hartman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

306 S. Commercial Emmett Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 1957

Notary Public, residing at Emmett, Idaho
My commission expires April 24, 1959
(Seal)

Signed George A Hartman
(Signature of Any Credible Person)

475 Murray Street
Emmett Idaho.
(Street Address, City, State)

FORM DPH 55.155

185 - 117-001-162

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. ..... File No. 83999

No. R.R.1. St.

Primary Registration District No. 11 Registered No. 5-4

Hospital

FULL NAME OF CHILD Robert ~~Emmett~~ HENRY Ayers.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 17 1920

FATHER		MOTHER	
FULL NAME	John S. Ayers	FULL MAIDEN NAME	Gladys M. Gosnell
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	North Dakota
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) H. F. Neal

Physician

(Physician or midwife)

Address Meridian Idaho

Filed Nov. 4 1920 H. F. Neal

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 83999

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Robert Emery Ayers (NAME ON ORIGINAL CERTIFICATE) who Lives (WAS BORN OR DIED) on Oct. 17, 1920 (DATE OF EVENT)
in Meridian, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Robert Emery	Robert Henry Ayers

Subscribed and sworn to before me this 28
day of May, 19 42

O M Kamp

Notary Public, residing at Meridian

My commission expires May 7 1943
(SEAL)

Signed John Ayers.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of May, 19 42

O M Kamp

Notary Public, residing at Meridian

My commission expires May 7 1943
(SEAL)

Signed James M. Rice
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

317 State St. Meridian, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 29 1942 By

(REGISTRAR'S SIGNATURE)

Please find enclosed $.50 (fifty cents) as pay for birth certificate

JUN 21 1956

JUN 2 1942

JUN 30 1954

Robert H Ayers
251 Delaware
Nampa, Ida.

993-720

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. ____ File No. 84000

No. RR1 St.

Primary Registration District No. 11 Registered No. 55

Hospital ____

FULL NAME OF CHILD Elmer Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	10 20 1920

FATHER		MOTHER	
FULL NAME	Bascum N. Rice	FULL MAIDEN NAME	Bertie May Lamar
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Oklahoma
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Neal

Physician
(Physician or midwife)

Address Meridian

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed 11/4 19 20 W. F. Neal
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

947-221-001-355

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. File No. 84001

No. St.

Primary Registration District No. 11 Registered No. 56

Hospital

FULL NAME OF CHILD Phyllis Hope Rogge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	10 21 1920

FATHER		MOTHER	
FULL NAME	George Rogge	FULL MAIDEN NAME	Minnie M. Teeter
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Auto Mechanic	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:52 A. M. on the date above stated.

(Signature) H. F. Mead

Physician

(Physician or midwife)

Address Meridian, Idaho.

Filed Oct 1920

H. F. Mead
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1945

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

84002

City of Pocatello Registration District No. 28 File No. 64

No. 119 No main St. Primary Registration District No. 2161 Registered No. 3393

Hospital Lynn Bros.

FULL NAME OF CHILD Sylvilla Lorraine Patenall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Sept 27 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harold Patenall	FULL MAIDEN NAME	Alegra Villen Miles
RESIDENCE	133 So Hays	RESIDENCE	133 So Hays
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lancastershire England	BIRTHPLACE	Garfield Co. Oklahoma
OCCUPATION	machinist	OCCUPATION	Musician

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

(Physician or midwife)

Given names added from a supplemental report.

Address Lynn Bros Hosp.

19

Filed 11/1 1920 J. A. [illegible]

Registrar

APR 7 1961

35-4-105-003-275

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 84003

Primary Registration District No. 2161 Registered No. 3386

FULL NAME OF CHILD Wallace Alfred Lemmon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	Sept (Month) 5 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wallace Lemmon	FULL MAIDEN NAME	Astri Eugisie Sperati
RESIDENCE	138 North Hayes Pocatello	RESIDENCE	138 No. Hayes Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Texas
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Sprague M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kam Bldg.

Filed 11/1 1920

J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1942

NOV 13 1942

238-121-003-215

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84004

No. ..... St.

Primary Registration District No. 2161 Registered No. 3387

Hospital General

FULL NAME OF CHILD Scharbrough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Sept 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Scharbrough	FULL MAIDEN NAME	Ida Mable Sanford
RESIDENCE	1152 Randolph Fairview Idaho	RESIDENCE	1152 Randolph Fairview Ida.
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Knightstown Indiana	BIRTHPLACE	Oakley Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed 11/1 1920

J. P. Young Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-221-003-266

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84005

No. 156 So. 6th Ave. St.

Primary Registration District No. 216 Registered No. 3388

Hospital Home

FULL NAME OF CHILD Sophia Blanche Dunn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female				yes	Sept.	21	1920

FATHER		MOTHER	
FULL NAME	Lewis Albert Dunn	FULL MAIDEN NAME	Elizabeth Bowen
RESIDENCE	156 So. 6th Ave.	RESIDENCE	156 So. 6th Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Rigby, Idaho	BIRTHPLACE	Orbin, Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 413 So. 4th Ave.

Filed 11/1 19 20

J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-223-003-313

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

Registration District No. 28 File No. 684006

Primary Registration District No. 2161 Registered No. 3389

FULL NAME OF CHILD Margaret Ann Cleare

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	Sept. 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stanley Joseph Cleare	FULL MAIDEN NAME	Helen Newell Latterner
RESIDENCE	442 West Fremont, Pocatello	RESIDENCE	442 West Fremont, Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	~~Salt Lake City, Ida~~ Galesburg, Ill.
OCCUPATION	Merchant	OCCUPATION	Awife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 05 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Sprague, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello, Idaho

Filed 11/1 1920 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1964

JUN 18 1968

964-125-003-186

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 84007

No. 152 N. 2nd Ave.

Hospital Home — Primary Registration District No. 7161 — Registered No. 3390

FULL NAME OF CHILD Geaus Rodriguez

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sep. 25 1920

FATHER

FULL NAME: Benigeno Rodriguez

RESIDENCE: 152 N. 2nd Ave.

COLOR: Mexican — AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Mexico

OCCUPATION: Common labor

MOTHER

FULL MAIDEN NAME: Maria Cazon

RESIDENCE: 152 N. 2nd Ave.

COLOR: Mexican — AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Mexico

OCCUPATION: None

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 11/1 1920 — J. P. Young, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

551-226-003-243

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84008

No. ..... St.

Hospital General

Primary Registration District No. 2161 Registered No. 3391

FULL NAME OF CHILD Baby Evans EVAN WILLIAM EVANS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	Yes	9 - 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Elliott Evans	FULL MAIDEN NAME	Grace T. Butz
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Iowa
OCCUPATION	Real Estate & Loans	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. N. Roberts

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello

Registrar

Filed 11/1 1920 J. R. Morris Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 84008

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Baby Evans (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on September 26 h 1920 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptismal Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Evans	Evan William Evans

Subscribed and sworn to before me this 16th
day of February, 1942

Notary Public, residing at Pocatello, Idaho
My commission expires April 20th 1943
(SEAL)

Signed Clyde Talbert Evans
Grace Theresia Evans
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IN CORRECTING A DEATH RECORD; OR OTHER COMPETENT PERSON.)
505 E. 6th Pocatello Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of February, 1942

Notary Public, residing at Pocatello, Idaho
My commission expires
(SEAL)

X B N Ryan
Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 9 1951

8 1951

FEB 5 1952

493-127-003-265

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 84009

No. 846 N. Harrison

Hospital Home Primary Registration District No. 2161 Registered No. 3592

FULL NAME OF CHILD Carden Leroy Miller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 24 1920

FATHER	MOTHER
FULL NAME Orvil Orson Miller	FULL MAIDEN NAME Fannie Beebe
RESIDENCE 846 North Harrison	RESIDENCE 846 North Harrison
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Rushville Indiana	BIRTHPLACE Weston Idaho
OCCUPATION Common Laborer	OCCUPATION Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:35 A.M. on the date above stated.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Address 413 So. 4th Ave.

Filed 11/1 1920 J. R. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

913-128-003-261

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84010

No. 540 W. 1/2 St.

Primary Registration District No. 2161 Registered No. 3394

Hospital

FULL NAME OF CHILD Arthur Charles Racine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9-28 1920

FATHER		MOTHER	
FULL NAME	Louis Frank Racine	FULL MAIDEN NAME	Edith V. Swalley
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Bourts

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello

Registrar

Filed 11/1 1920 J. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 7 1972

[illegible] 2 [illegible] 1942

MAR 19 1951

DECEASED

395-229-003-213

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84011

County of Bannock.

City of Pocatello

Registration District No. 28 File No.

No. St.

Primary Registration District No. 2161 Registered No. 3395

Hospital General Hospital

FULL NAME OF CHILD Catherine Virginia Treeder

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept 29 1920

FATHER	MOTHER
FULL NAME Lee George Treeder	FULL MAIDEN NAME Catherine Marie Batchelor
RESIDENCE 676 W. Lewis Pocatello Idaho	RESIDENCE 676 W. Lewis, Pocatello, Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ogden, Utah.	BIRTHPLACE Ogden, Utah.
OCCUPATION Book-keeper	OCCUPATION Housewife.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
Physician
(Physician or midwife)

Address Pocatello Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 11/1 19 21

J. M. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-129-003-485

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 119 No Main St.

Hospital Lynn Bros

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-5-17

Registration District No. 28

Primary Registration District No. 2161

File No. 84012

Registered No. 3396

FULL NAME OF CHILD Sarah Alpina Humphreys

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	X (To be answered only in event of plural births)	X	yes	Sept 29 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Alfonso Marcellus Humphreys	FULL MAIDEN NAME: Millie Myers.
RESIDENCE: 315 So Grant	RESIDENCE: 315 So Grant
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: No. Carolina	BIRTHPLACE: Ogden Utah
OCCUPATION: Brakeman	OCCUPATION: H. Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) J. H. Lynn

(Physician or midwife)

Address Lynn Bros Hospital

Filed 11/1 1920

[illegible]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-110-003-795

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84013

No. ..... St.

Primary Registration District No. 2161 Registered No. 3397

Hospital General

FULL NAME OF CHILD Gilbert Wesley Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	May (Month) 10 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: William Alven Gibson	FULL MAIDEN NAME: Roberta Green
RESIDENCE: 241 W. Lonejoy Pocatello Ida.	RESIDENCE: 241 W. Lonejoy Pocatello Idaho
COLOR: White — AGE AT LAST BIRTHDAY 34 (Years)	COLOR: White — AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE: Mounsville W. Va	BIRTHPLACE: St Anthony Idaho
OCCUPATION: Switchman	OCCUPATION:

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD

Pocatello
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11/1 1920

[illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Number in order of birth (event of plural births) | Legitimate | Date of Birth (Month) (Day) (Year) 19..

FULL MAIDEN NAME | MOTHER

RESIDENCE

AGE AT LAST BIRTHDAY (Years)

(a)

BIRTHPLACE

OCCUPATION

er of children of this mother now living, including present birth

PHYSICIAN OR MIDWIFE

M.

(Physician or midwife)

Address

Registrar

849-120-003-256

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 907 W. Center St.

Hospital General

Registration District No. 28

File No. 84015

Primary Registration District No. 2161

Registered No. 3399

FULL NAME OF CHILD William Wayne Hurst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leo Hurst	FULL MAIDEN NAME	Emma Bruce
RESIDENCE	907 West Center	RESIDENCE	907 West Center
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Logan, Utah
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Dorsey MD

Pocatello Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 11/1 1920

J R Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY

JUN 7 - 1954

JUN I 0 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 932 So 8th St.

Registration District No. 28 File No. 84016

Primary Registration District No. 2161 Registered No. 3400

Hospital St Anthony

FULL NAME OF CHILD Mable Betty Blythe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 13th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alva Verne Blythe	FULL MAIDEN NAME	Minnie Torgerson
RESIDENCE	932 So 8th	RESIDENCE	932 So 8th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Lallator Mo	BIRTHPLACE	Montpellier Ida
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

Pocatello Ida
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Registrar

Filed 11/1 1920

[signature] Registrar

MAY 2 1943

313-115-003-242

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello. No. ..... St.

Hospital Home -

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 6 84017

Primary Registration District No. 2161 Registered No. 3401

FULL NAME OF CHILD William O. Caton, Jr.

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth Second | Legitimate? Yes | Date of Birth Sept. 15 (Month) (Day) 1920 (Year)

FATHER

FULL NAME William J. Caton

RESIDENCE Pocatello, Idaho.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Bronough, Mo.

OCCUPATION Merchant -

MOTHER

FULL MAIDEN NAME Mary J. Lukens.

RESIDENCE Pocatello, Ida

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Oregon, Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 A. M. on the date above stated.

(Signature) W. A. Wright

Physician (Physician or midwife)

Address Pocatello, Ida.

Filed 11/1 1920

J. R. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

212-226-003-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello.

No. ..... St.

Hospital St. Anthony

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 84018

Primary Registration District No. 216 Registered No. 3402

FULL NAME OF CHILD Doris May Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Second	Yes	Sept 26 1920

FATHER		MOTHER	
FULL NAME	Herbert T. Baker	FULL MAIDEN NAME	Helen J. Walsh
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Dubois, Ida.	BIRTHPLACE	Meriden, Conn
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello, Ida.

Filed 11/1 1920

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1957

792 - 20, -003-144

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF ~~BIRTH~~

Amended 10/29/74

County of Bannock

City of Pocatello

No. 532 So Hayes St.

Registration District No. 28 File No. 84019

Primary Registration District No. 261 Registered No. 3403

Hospital

FULL NAME OF CHILD Bernice Leone Gibson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 1 1920

FATHER		MOTHER	
FULL NAME	Edward U Gibson	FULL MAIDEN NAME	Edith Jridkins
RESIDENCE	Pocatello -	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Utah
OCCUPATION	Telegrapher	OCCUPATION	house w.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or ~~midwife~~)

Address Pocatello -

Given names added from a supplemental report.

19

Registrar

Filed 11/2 1920

J R Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF VITAL STATISTICS
OCT 1 1 49 AM '74

State of Idaho } ss.
County of Bonner

Certificate No. 84019

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Bernice Leone Gibson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1920 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dr. Daniel B. Bond (Bible Record, Insurance Policy, Etc.) prepared on 9/7/74 (Give Date) 8/12/44, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's Sex	M	Female

Subscribed and sworn to before me this 8th day of October, 1974

Notary Public, residing at Sandpoint, Idaho

My commission expires 3/28/76

(Seal)

Signed Margaret E. Gibson Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

122 N 3rd Apt 8 Sandpoint, Idaho 83864
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL7/25/74 nm

Letter from Dr. Daniel B. Bond, Eugene, Oregon ~~xxxx~~ states that Bernice L. Aikins has been his patien form many years and gave birth (she) to a female baby on Sept. 18, 1956. viewed by V. S.

OCT 29 1974

Application to the Equitable Life Assurance Society of the United States. gives name as Bernice L. Gibson (female). dated Aug 12, 1944. viewed by V. S.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss.

Certificate No. 84019
Date Filed May 11, 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gibson (Name on Original Certificate) who Was Born (Was Born or Died) on October 1, 1920 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on at time of naming (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Gibson	Bernice Leone Gibson

Subscribed and sworn to before me this 11th day of May, 1945.

Notary Public, residing at Pocatello Idaho
My commission expires 2-1-46
(Seal)

Signed E. F. Gibson (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Fort Hall Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Ravalli } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 1945.

Notary Public, residing at COUNTY CLERK AND RECORDER IN AND FOR RAVALLI COUNTY, STATE OF MONTANA.
My commission expires
(Seal)

Signed Margaret Edith Birrer
(Signature of Any Credible Person)
610 N. 2nd
(Street Address, City, State)
Hamilton, Mont.

JUN 4 1945

JUL 8 1974

165-101-003-595

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 535 W. Clay St.

Registration District No. 28 File No. 84020

Primary Registration District No. 216 Registered No. 3405

Hospital

FULL NAME OF CHILD Howard Vincent Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 1st 1920

FATHER

FULL NAME Harrison Raleigh Jones.

RESIDENCE 535 W. Clay, Pocatello, Idaho

COLOR white AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Richfield, Utah

OCCUPATION RR Brakeman.

MOTHER

FULL MAIDEN NAME Cathryn Vincent

RESIDENCE 535 W. Clay, Pocatello Idaho

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Evanston, Wyoming.

OCCUPATION Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

(Signature) W. W. Brothers

Physician

(Physician or midwife)

Address Pocatello Idaho

Filed 11/2 19 20

J. H. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

AUG 27 1970

FEB 28 1974

249-101-003-551

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello, Ida

Registration District No. 28 File No. 84021

No. 119 No. Main St.

Primary Registration District No. 2161 Registered No. 3406

Hospital Lynn Bros.

FULL NAME OF CHILD George Lynn Burt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	Oct. 1 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James McBride Burt	FULL MAIDEN NAME	Gertrude Evans
RESIDENCE	Lima, Montana	RESIDENCE	Lima Mont.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Laramie Wyo.
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lynn Bros. Hosp.

Filed 11/2 1920 J. B. Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued October 28, 1940. E.W.

291-203-003-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84022

No. 140 No. Johnson St.

Primary Registration District No. 2161 Registered No. 3407

Hospital

FULL NAME OF CHILD Baby Bradley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	Yes	10 - 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ivern McKinley Bradley	FULL MAIDEN NAME	Ivy Lavilla Ward
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Roberts

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello.

Registrar

Filed 11/2 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-105-003-243

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 84023

No. ..... St.

Hospital Pocatello General Primary Registration District No. 2061 Registered No. 3408

FULL NAME OF CHILD John Priest

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
M.				yes	Oct 5 1920

FATHER		MOTHER	
FULL NAME	Lisle Lafayette Priest	FULL MAIDEN NAME	Jennie Buckland
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33. (Years)
BIRTHPLACE	Vintah, Utah	BIRTHPLACE	Bountiful, Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 P. M.
(Born alive ~~or stillborn~~)
on the date above stated.

(Signature) J M Kay.
(Physician ~~or midwife~~)

Address Pocatello

Filed 11/2 19 20 J M Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

259-207-003-659

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84025

No. 341-so 7th St.

Primary Registration District No. 2161 Registered No. 3410

Hospital

FULL NAME OF CHILD Julie Clotilde Servel

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Xavier Servel	FULL MAIDEN NAME	Julia Ferran
RESIDENCE	341-so 7th Ave	RESIDENCE	341-so 7th Ave
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	France	BIRTHPLACE	California
OCCUPATION	Woolgrower	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

Pocatello (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 11/2 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-108-003-812 Name added 12-17-86 lh

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 429 No. 8th St.

Hospital

Registration District No. 28 File No. 84026

Primary Registration District No. 2141 Registered No. 3411

FULL NAME OF CHILD ~~Not Named~~ Harold Leland Catmull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	yes	Oct. 8 1920

FATHER		MOTHER	
FULL NAME	Alma Catmull	FULL MAIDEN NAME	Minnie Hasty
RESIDENCE	429 No. 8th	RESIDENCE	429 No. 8th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Phy. (Physician or midwife)

Given names added from a supplemental report.

Address 440 N. Hayden St.

19

Filed 11/2 1920 J. H. Young

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

10-24-86

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
DEC 17 1986
Bureau of Vital Statistics Standards and Local Health Services

State of _____ } ss.
County of _____ }

Certificate No. 84026
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 8, 1920 (Date of Event) in Pocatello, Bannock Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Harold Leland Catmull

Subscribed and sworn to before me this 28th day of October, 1986.

Notary Public, [signature]
Residing at Rupert, Idaho
My commission expires Lifetime
(Seal)

[signature] Harold L Catmull
Signature of Applicant

525 14th St
Street Address, City, State
Rupert, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary XXX)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

DEC 17 1986

Record of Blessing from LDS Church gives name as Harold Leland Catmull born Oct. 8, 1920 in Pocatello, Bannock Co., ID to Alma Nephi Catmull and Minnie Etta Hasty. Blessed Nov. 7, 1920.
Viewed by V.S.

Baptism record from LDS Church gives name as Harold Leland Catmull born Oct. 8, 1920 in Pocatello, ID to Alma Nephi Catmull & Minnie Etta Hasty. Baptized Nov. 4, 1928.
Viewed by V.S.

Insurance policy from The Prudential Ins. Co. of America #70 046 437 dated Nov. 8, 1972 gives name of insured as Harold L Catmull born Oct. 8, 1920.
Viewed by V.S.

236-108-003-896

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84027

No. ..... St.

Primary Registration District No. 2161 Registered No. 3412

Hospital Pocatello Genl.

FULL NAME OF CHILD Dean Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Oct (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm C. Stoddard	FULL MAIDEN NAME	Myrtle Prescindia Hayde
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Kaysville, Utah
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello

Filed 11/2 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-209-003-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 848 Wayne Ave St.

Hospital

Registration District No. 28 File No. 84028

Primary Registration District No. 2161 Registered No. 3413

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
♂				yes	Oct	9	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Esker Davis	Odessa Morris
RESIDENCE	Pocatello	Same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Arkansas	Mo.
OCCUPATION	Brakeman	Hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) J. R. Young

(Physician or ~~Midwife~~)

Address Pocatello

Filed 11/2 1920 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 6 1975

286-209-003-219

[redacted] 5m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St Anthony

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 84029

Primary Registration District No. 2161 Registered No. 3414

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Y		Yes	Oct 9 1920

FATHER		MOTHER	
FULL NAME	Otto Shamacher	FULL MAIDEN NAME	Mary Elvira Barten
RESIDENCE	Pocatello Ida.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ohio	BIRTHPLACE	Georgia
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello

Filed 1 2 1921

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-209-003-168

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 25 File No. 84030

No. ..... St.

Primary Registration District No. 2161 Registered No. 3415

Hospital St. Anthony's

FULL NAME OF CHILD Evelyn Kenison

Sex of Child female. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? yes Date of Birth Oct (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lyman Kenison	FULL MAIDEN NAME	Ida Johnston
RESIDENCE	132 N. Grant, Pocatello, Idaho	RESIDENCE	132 N. Grant, Pocatello, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Samoan Islands	BIRTHPLACE	Samoan Islands
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello, Idaho

Filed 11/2 1920

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 9 1986

296-211-003-651 name added 9-26-85 dl

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 21 File No. 84031

No. ..... St.

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3416

FULL NAME OF CHILD Ruth Mae Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 11 1920

FATHER	MOTHER
FULL NAME Elbert A. Brown	FULL MAIDEN NAME Mary Weaver
RESIDENCE Tyhee, Idaho	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Paris, Idaho	BIRTHPLACE Bennington, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Young
(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

....., 19.....
Registrar

Filed 11/2 1920

J. M. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-13-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of _____ } ss.
County of _____ }

SEP 25 1 00 PM '85

Certificate No. 84031
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Brown (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 11, 1920 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ruth Mae Brown

Subscribed and sworn to before me this 17th day of Sept, 1985

Notary Public, Steve N Miller
Residing at SLC, Ut
My commission expires 8/30/88
(Seal)

x Ruth B Armstrong
Signature of Applicant

x 280 Navajo Street SLC Utah 84104
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ut } ss.
County of SL }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Sept, 1985

Notary Public, Steve N Miller
Residing at SLC Ut
My commission expires 8/30/88
(Seal)

Mary B. Day
Supporting Signature

284 East 1910 So. Orem, Utah 84058
Street Address, City, State

1 cc pd

Certificate of Blessin from LDS Church gives Ruth Brown daughter of Elbert B Brown and May Weaver born Oct 11, 1920 at Pocatello was blessed Jan 2, 1921. Viewed by V.S.

Certificate of Baptism from LDS Church gives Ruth Mae Brown daughter of Elbert R Brown and Mae Weaver born Oct 11, 1920 at Pocatello was baptised Oct 14, 1928. Viewed by V.S.

295-211-003-141

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84032

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84032

No. 843 No. 10th St.

Primary Registration District No. 2161 Registered No. 3417

~~Hospital~~ Home

FULL NAME OF CHILD Wanda Irene Bingham

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	10	11	1920

FATHER

FULL NAME William Jefferson Bingham

RESIDENCE 843 No. 10. Ave. Pocatello, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Richmond, Utah.

OCCUPATION Foreman Repr. track, O.S.L. Ry

MOTHER

FULL MAIDEN NAME Clara Emmerine Adams

RESIDENCE 843 No. 10 Ave., Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Blackfoot, Idaho.

OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) Ann. Newton

(Physician ~~or midwife~~)

Address Pocatello

Filed 11/2 1920 J. H. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-112-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 84033

No. 1345 No Harrison St. — Primary Registration District No. 461 — Registered No. 3418

Hospital

FULL NAME OF CHILD Ruland Callan Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ruland Guy Perkins	FULL MAIDEN NAME	Stella Barrett
RESIDENCE	1345 No. Harrison	RESIDENCE	1345 No Harrison
COLOR	white — AGE AT LAST BIRTHDAY 21 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Thomas

Phy (Physician or midwife)

Given names added from a supplemental report.

Address 440 West Hayden St

19

Filed 11/2 1920 — J R Young — Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-212-003-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 84034

Primary Registration District No. 2161 Registered No. 3419

FULL NAME OF CHILD Mary Jean Bailey

Sex of Child female. Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? yes Date of Birth Oct. (Month) 12 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Ward Bernard Bailey	FULL MAIDEN NAME Sara Eva Burke
RESIDENCE 616 So. 9th Ave. Pocatello Idaho	RESIDENCE 616 So 9 Ave Pocatello, Idaho
COLOR W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Salt Lake City, Utah
OCCUPATION Manager Machine Co.	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello Idaho

Filed 11/2 1920 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8-6-57

PLACE OF BIRTH

863-204-003-557

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 435 No. Lincoln St. Registration District No. 28 File No. 84035

Hospital Primary Registration District No. 2161 Registered No. 3420

FULL NAME OF CHILD Maxine Edith Holder
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct. 4, 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Alfred Thomas Holder	FULL MAIDEN NAME	Harriett La Rilda England
RESIDENCE	435 No. Lincoln	RESIDENCE	435 No. Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Idaho
OCCUPATION	Foreman of Store Dept. U. S. L.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician
(Physician or midwife)

Address 440 W. Hayden

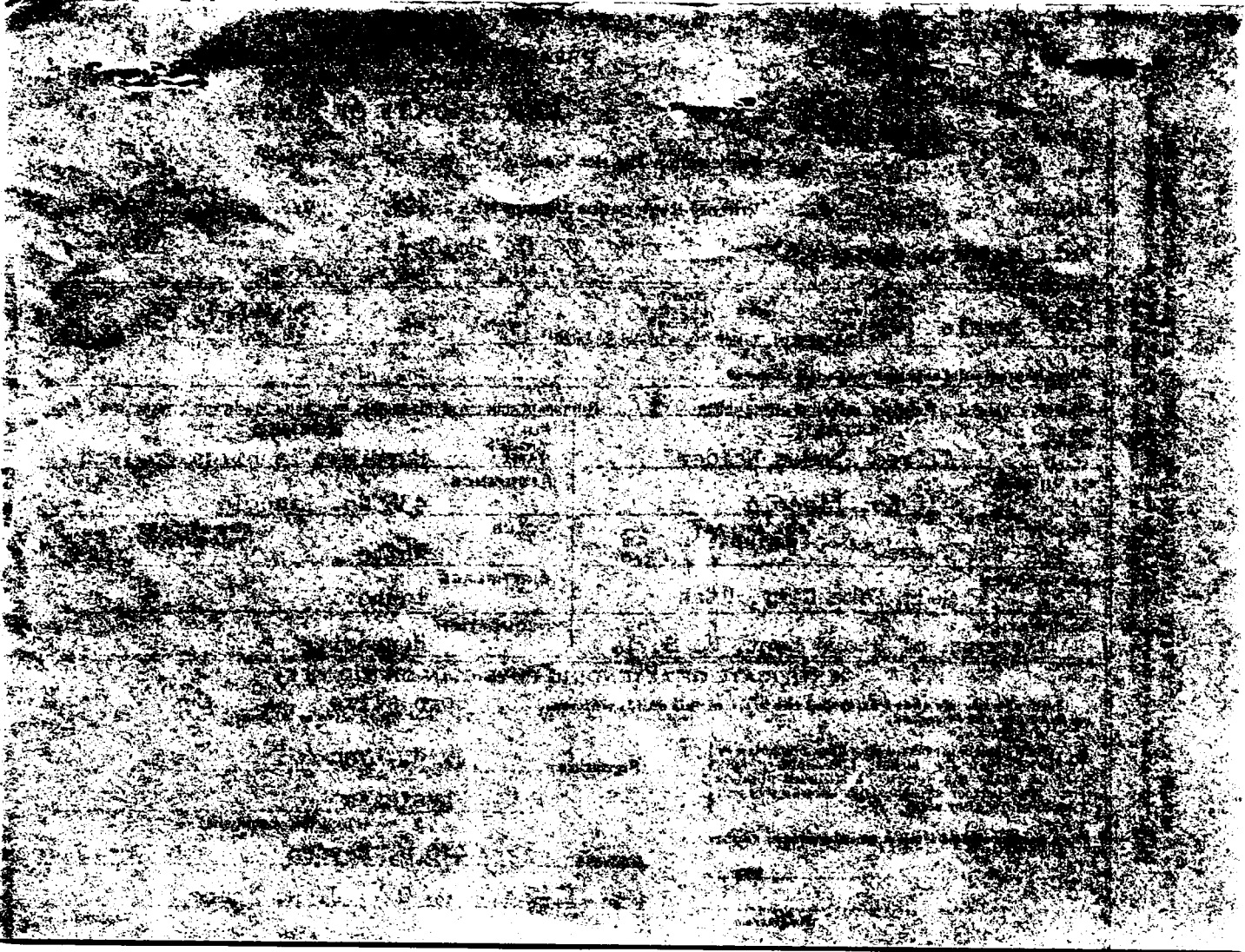
Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 11-2 1920 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of ALAMEDA } ss.

Certificate No. 84035

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Missing (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1920 (Date of Event)
in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on L. D. S. Nov. 10, 1928 (Give Date), are:
Insurance Policy Jan. 24, 1940 viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Missing	Maxine Edith Holder
Father's Name	Thomas Holder	Alfred Thomas Holder
Mother's Name	Leylds England	Harriett La Rilda England
Birthdate	Oct 14, 1920	Oct. 4, 1920

Subscribed and sworn to before me this 30th day of
30th Day of July, 1957
MYRON E. TEMPLE
Notary Public, residing at 871 EMERALD - SAN LEANDRO CALIF.
My commission expires FEB 25, 1959
(Seal)

Signed Alfred Thomas Holder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Harriett La Rilda England
9825 Stanley Ave Oakland
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of ALAMEDA } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of
July, 1957
MYRON E. TEMPLE
Notary Public, residing at 871 EMERALD SAN LEANDRO, CALIF.
My commission expires FEB. 25, 1959
(Seal)

Signed Louise Catherine Carpenter
(Signature of Any Credible Person)
9821 Stanley Ave Oakland Calif.
(Street Address, City, State)

FORM DPH 55.155

464-114-003-219

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84036

No. ..... St.

Hospital Pocatello, Gen. Primary Registration District No. 2161 Registered No. 3421

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Oct (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jeremiah Paul Donohue	FULL MAIDEN NAME	Kathryn Ann Barrett
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Cedar Rapids, Iowa	BIRTHPLACE	Wheatland, Minn
OCCUPATION	Chief repeaterman M.S.T.&T. Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 3:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ray
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Pocatello

Filed 11/2 1920 J. M. Young Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1971

791-214-003-157

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84037

County of Bannock

City of Pocatello

Registration District No. 28 File No. 4

No. 442 Ea Hayden St.

Primary Registration District No. 2141 Registered No. 3422

Hospital

FULL NAME OF CHILD Elena Gianchetta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 14 1920

FATHER		MOTHER	
FULL NAME	Joe Gianchetta	FULL MAIDEN NAME	Catherina Argnilli
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Merchant	OCCUPATION	hswf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Young

(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

19

Registrar

Filed 11/2 19 20 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-69-116-003-212

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 216 File No. 84038

No. ____ St.

Hospital Poc. General Primary Registration District No. 2161 Registered No. 3423

FULL NAME OF CHILD Carl Orlando North

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	10	16	1920

FATHER		MOTHER	
FULL NAME	Carlyle North	FULL MAIDEN NAME	Myrtle Baker
RESIDENCE	Pocatello, 207 S. Hayes	RESIDENCE	Pocatello, 207 S. Hayes
COLOR	Caucasian	AGE AT LAST BIRTHDAY (Years)	31	COLOR	Caucasian	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Shoshone, Idaho	BIRTHPLACE	Mendon, Utah
OCCUPATION	Merchant	OCCUPATION	Graduate Nurse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. [illegible] M.D.

Pocatello
(Physician or midwife)

Given names added from a supplemental report. ____ 19____

Address Pocatello

Filed 11/2 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/7/41. w.h.

236-218-003-815

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 184039

Primary Registration District No. 2161 Registered No. 3424

FULL NAME OF CHILD Jeanne Olga Scott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl				Yes	10 (Month) / 18 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Wilbur Scott.	FULL MAIDEN NAME	Kathryn Olga Hanson
RESIDENCE	847 E. Fremont	RESIDENCE	847 E. Fremont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Butte, Montana	BIRTHPLACE	Cambridge Springs, Pa.
OCCUPATION	Lynotype Operator	OCCUPATION	Telephone Operator

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.45 P.M. on the date above stated.

(Signature) [signature] M.D.

Pocatello
(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11/2 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 6 1972

165-218-003-897

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 422 No. Buchanan St.

Hospital

Registration District No. 28

File No. 84040

Primary Registration District No. 2161

Registered No. 3425

FULL NAME OF CHILD Edith May Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1			Yes	October 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. U. Jones	FULL MAIDEN NAME	Fanny Higgins
RESIDENCE	422 No. Buchanan	RESIDENCE	422 No. Buchanan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Blacksmiths Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. W. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

Address 843 W. Whitman

19

Filed 11/2 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993 - 118-003-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1319 So Save St.

Hospital

Registration District No. 28 File No. 84941

Primary Registration District No. 2161 Registered No. 3426

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Oct 18 1920

FATHER

FULL NAME: Linford Richards

RESIDENCE: Pocatello

COLOR: W

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Mo

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Edith Ball

RESIDENCE: Same

COLOR: W

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Mo

OCCUPATION: housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2.15 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. P. Young

(Physician or ~~midwife~~)

Address Pocatello

Filed 11/2 19 20

J. P. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-118-003-155

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of ~~Oneida~~ Bannock

City of Pocatello

No. 340 W Hayden St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 84042

Primary Registration District No. 461 Registered No. 3427

FULL NAME OF CHILD Victor Jack Warning

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Oct 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Warning	FULL MAIDEN NAME	Pearl Jenkins
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	R.R. Engineer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Pocatello Idaho

Filed 11/2 1928 R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/27/41 L. P.

FEB 10 1944

845-118-003-667

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28

File No. 84043

No. ____ St.

Primary Registration District No. 216

Registered No. 34-8

Hospital General

FULL NAME OF CHILD Claude Hilliard Hunt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				yes	Oct 18 1920

	FATHER	MOTHER
FULL NAME	Claude Hunt.	Elsie Margerate Fox
RESIDENCE	1455 So 5th Ave. Pocatello Ida.	1455 So 5 Ave. Pocatello Idaho.
COLOR	white.	white
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Swan Lake, Idaho	LaBelle Idaho.
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

Physician. (Physician or midwife)

Address Pocatello Idaho.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11-2 1920

J. H. Young Registrar

262-118-003-264

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84044

No. 306 N. 3rd Ave.

Primary Registration District No. 2161 Registered No. 3429

Hospital Home

FULL NAME OF CHILD Shigeru Kobayashi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	Oct	15	1920

FATHER		MOTHER	
FULL NAME	Tam M. Kobayashi	FULL MAIDEN NAME	Seki Konishi
RESIDENCE	306 N. 3rd Ave	RESIDENCE	386 N. 3rd Ave.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P. M. on the date above stated. 1 photostatic copy 10/23/42 (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 413 S. 3rd Ave.

Given names added from a supplemental report.

19

Registrar

Filed 11/2 1920

H. Young
Registrar

MAY 15 1953

258-219-003-B93 [redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 345 So Arthur St.

Registration District No. 28

File No. 84045

Primary Registration District No. 2161

Registered No. 3430

Hospital Lynn Bro Hospital. Eloise Darlene Pehrson

FULL NAME OF CHILD ~~Eloise Pehrson~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	yes	Oct. 19 1920

FATHER		MOTHER	
FULL NAME	Milo Hugo Pehrson	FULL MAIDEN NAME	Caroline ~~Tillotson~~ Tillotson
RESIDENCE	345 So. Arthur St	RESIDENCE	345 So Arthur St
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lyman

Physician (Physician or midwife)

Given names added from a supplemental report.

Address 440 W Hayden St Ally

19

Filed 11/2 1920

J. R. Young Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Lava Hot Springs amend 8-11-82 Registration District No. 20 File No. 84046

No. ..... St. Primary Registration District No. 2161 Registered No. 3434

Hospital .....

FULL NAME OF CHILD Donna Arline Boyce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10 20 1920

FATHER		MOTHER	
FULL NAME	Virgil Leo Boyce	FULL MAIDEN NAME	Cora Godfrey
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Lava Hot Springs	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Lava Hot Springs
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:50 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Riglesworth M.D. Physician

(Physician or midwife)

Address Lava Hot Springs

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/2 1921 J. Young Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

BUREAU OF VITAL STATISTICS
JUL 30 9 43 AM '82

Certificate No. 84046

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Boyce (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 20, 1920 (Date of Event) in Lava Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Donna Arline Boyce
Father's First Name	Virde	~~Verge~~ Virge

Subscribed and sworn to before me this 20th day of January, 19 66

Esther S Harris

Notary Public, residing at Tremonton, Utah

My commission expires 2-13-67

(Seal)

Signed X Cora G. Boyce Burnett (mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 1-14-66. one copy pd. rec. #5345.

AUG 11 1982

Certificate of birth from State of Idaho gives Virge Leo Boyce born 10-26-1893 in Malad, state file # 331826. Entered on record on 2-6-42. Viewed by V.S.

LDS Church records give Donna Arline Boyce born 10-20-20 in Lava Hot Springs was blessed 2-6-21, father listed as Virge Leo Boyce and mother as Cora Jane Godfrey. Viewed by V.S.

LDS Church records give Donna Arline Boyce born 10-20-20 in Lava Hot Springs to Virge Leo Boyce and Cora Jane Godfrey and was baptised 11-3-28. Viewed by V.S.

654-220-003-265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs, Ida

Registration District No. 28

File No. 684047

No. ..... St.

Primary Registration District No. 2161

Registered No. 3432

Hospital .....

FULL NAME OF CHILD Theda Rose Weddle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alexander Weddle	FULL MAIDEN NAME	Anna Koerner
RESIDENCE	Lava Hot Springs, Ida	RESIDENCE	Lava Hot Springs, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Henning, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lava Hot Springs, Idaho

..... Registrar

Filed 11/2 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1951

255-122-003-165

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 84048

Primary Registration District No. 216 Registered No. 3433

FULL NAME OF CHILD James Richard Bentley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				yes	Oct	22	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Finis Bentley	Rose Marie Jones
RESIDENCE	537 So Hamer	Same
COLOR	wh.	wh.
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Michigan	Indiana
OCCUPATION	Lawyer	hswf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 15 a M. on the date above stated.

(Signature) J. R. Young

(Physician or midwife)

Address Pocatello - Ida

Filed 11/2 1920

J. R. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.....

Registrar

FEB 1942

OCT 9 1985

395-122-003-982

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

Registration District No. 28 File No. 6584049

No. 1056 N-Harrison St.

Primary Registration District No. 2161 Registered No. 3434

Hospital

FULL NAME OF CHILD Not Named Ross Alfred Lindstrom

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			yes	Oct 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gustave Adolph Lindstrom	FULL MAIDEN NAME	Ethel Rybeng
RESIDENCE	1056 No. Harrison St	RESIDENCE	1056 No Harrison
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Illinois (Chicago)
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyon

physician (Physician or midwife)

Given names added from a supplemental report.

19

Address 440 W. Hayden St City

Registrar

Filed 11/2 1920 J. Garvey Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

294-123-003-791

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello
Fairview Addition

No. 825 Wayne Ave. St.

Registration District No. 28 File No. 84050

Primary Registration District No. 2161 Registered No. 3435

Hospital

FULL NAME OF CHILD Charles Monroe Simmons

Sex of Child M. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10 (Month) 23 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Monroe Simmons	FULL MAIDEN NAME Emily Craft
RESIDENCE Fairview Addition to Pocatello Ida	RESIDENCE Same
COLOR W. AGE AT LAST BIRTHDAY 46 (Years)	COLOR W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Grand Bay, Alabama	BIRTHPLACE De Soto, Mo.
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 12 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Roy

(Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19__

Address Pocatello

Filed 11/2 1920

J P Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1 1986

962-124-003-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84051

County of Bannock

City of Pocatello Registration District No. 28 File No. 69

No. ____ St.

Hospital Pocatello General Primary Registration District No. 2161 Registered No. 3436

FULL NAME OF CHILD Robert Moberly

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	10 24 1920

FATHER

FULL NAME Isaac Erskine Moberly

RESIDENCE Pocatello, Idaho

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Overton Mo

OCCUPATION Civil Engineer

MOTHER

FULL MAIDEN NAME Lois Johnson

RESIDENCE Same

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Carlinville, Ill.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 8 1/2 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kay

(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

____ 19____

Registrar

Filed 11/2 1920 J. P. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1942

962-124-003-718

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 84052

No. 245 N. 3rd Ave.

Primary Registration District No. 216 Registered No. 3437

Hospital Home

FULL NAME OF CHILD Calvin Frances Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 24 1920

	FATHER	MOTHER
FULL NAME	Persey James Robinson	FULL MAIDEN NAME Frances Sophia Payne
RESIDENCE	245 N. 3rd Ave.	RESIDENCE 245 N. 3rd Ave.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years) 23
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE Iowa
OCCUPATION	Machinest	OCCUPATION Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 419 So. 4th Ave.

Given names added from a supplemental report.

19

Registrar

Filed 11/2 1920

J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-225-003-466

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84053

No. ..... St.

Hospital General

Primary Registration District No. 2141 Registered No. 3438

FULL NAME OF CHILD Marian Maxine Scott

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct (Month) 25 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME John Wilmer Scott	FULL MAIDEN NAME Marian Elizabeth Moorehead
RESIDENCE 407 N. Garfield, Pocatello Idaho	RESIDENCE 407 N. Garfield, Pocatello Idaho
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Olney, Illinois	BIRTHPLACE Superior Wisconsin
OCCUPATION Insurance Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello, Idaho

Filed 11/2 1920 J. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1 1945

268-126-003-289

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs Ida

Registration District No. 28 File No. 84054

No. ..... St.

Primary Registration District No. 2161 Registered No. 3439

Hospital .....

FULL NAME OF CHILD Alvin E. Boyce Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 26 1920

FATHER		MOTHER	
FULL NAME	Alvin E. Boyce	FULL MAIDEN NAME	Minnie Byington
RESIDENCE	Lava Hot Springs, Ida	RESIDENCE	Lava Hot Springs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Henning M.D.

Physician (Physician or midwife)

Address Lava Hot Springs Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/2 1920

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-228-003-434

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84055

County of Bannock

City of Pocatello

Registration District No. 28 File No. 6J

No. ____ St.

Hospital Pocatello Gen. Primary Registration District No. 2161 Registered No. 3440

FULL NAME OF CHILD Martha Sorensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	10 28 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard Joseph Sorensen	Viola McDonald
RESIDENCE	Pocatello, Ida	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Newton, Utah	Logan, Utah
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 10 15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Young

(Physician ~~or midwife~~)

Address Pocatello

Given names added from a supplemental report.

____ 19____

Registrar

Filed 11 2 1920 J. M. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1949

967-228-003-553

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 684056

No. ..... St.

Primary Registration District No. 2161 Registered No. 3441

Hospital Pocatello Gen'l

FULL NAME OF CHILD Dorothy Agusta Rogers

Sex of Child Girl [redacted]

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 10 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Rural M. Roger	FULL MAIDEN NAME	Anna Nelson
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Stockholm, Sweden
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McCoy

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello

Filed 11/2 1920 J. P. Cowan Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 84056

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dorothy Agusta Rogers (Name on Original Certificate) Who was born (Was Born or Died) on October 28th 1920 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother's statement (Bible Record, Insurance Policy, Etc.) prepared on August 12 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Agusta Rogers
Date	Oct. 29th	Oct. 28, 1920

Subscribed and sworn to before me this 12 th
day of August 1943

Notary Public, residing at Pocatello Idaho
My Commission Expires Jan. 14, 1944
My commission expires
(Seal)

Signed Anna Nelson Rogers X
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 16 1943

DEC 3 1943

381-130-003-793

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 84057

No. 741 N. 13 St. Primary Registration District No. 2161 Registered No. 3442

Hospital

FULL NAME OF CHILD Jesus Luis Chacon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
M				Yes	10	30	20

FATHER		MOTHER	
FULL NAME	Joseph Chacon	FULL MAIDEN NAME	Alexander Gilbert
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	N Mexico	BIRTHPLACE	Colo
OCCUPATION	Policeman	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) D Kay

(Physician or midwife)

Address Pocatello

Filed 11/2 19 20 J H Young Registrar

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1940

OCT 28 1946

289-105-003-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock,

City of Downey Registration District No. 83 File No. 84058

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ernest Eavan Byington

Sex of Child male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth may 5 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Ernest Byington	FULL MAIDEN NAME Edith Stones
RESIDENCE Downey R.F.D.	RESIDENCE Downey R.F.D.
COLOR white	AGE AT LAST BIRTHDAY 27 (Years)
COLOR white	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Downey, Ida.	BIRTHPLACE Mapleton, Idaho.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Hartwigsen, M.D.
Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Downey, Idaho.

Filed June 15, 1920 L. J. Hartwigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-109-003-266

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello. Registration District No. 83 File No. 84059

No. 837 E St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Donald Wilson Whitaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	May 9 1920

FATHER		MOTHER	
FULL NAME	J. S. Whitaker,	FULL MAIDEN NAME	Sarah Sowers
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Newton, Utah.	BIRTHPLACE	England.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Harrington, M.D.

Physician (Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed June 15, 1920 H. J. Harrington Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

SEP 29 1969

755-222-003-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Howney

No. R.F.D. St.

Registration District No. 83 File No. 84060

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Ruth Penrose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	May (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred Penrose	FULL MAIDEN NAME	Abbie Coffin
RESIDENCE	Howney, Ida	RESIDENCE	Howney, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Howney, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Howney, Idaho

Filed June, 15, 1920 H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-202-003-294

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83 File No. 84061

No. B St. Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Vista Boundy

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth June 2 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Otto Boundy	FULL MAIDEN NAME Ellen Simpson
RESIDENCE Downey, Idaho	RESIDENCE Downey, Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kanab Utah	BIRTHPLACE Circleville, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Harrington, M.D.
Physician
(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

19

Registrar

Filed June 3 1920

J. J. Harrington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-359580

NOT

268-104-003
399

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bann[redacted]

City of Howney [redacted]egistration District No. 83 File No. 84062

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Leroy Halton Sahvesen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leroy Sahvesen,	FULL MAIDEN NAME	Orissa Criddle
RESIDENCE	Howney, Idaho	RESIDENCE	Howney, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Howney, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M. D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Howney, Idaho.

Filed June 5 1920 H. J. Hartvigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1941

699-204-003-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Howney

Registration District No. 83 File No. 84063

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Winnifred Waite

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth June (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred Waite	FULL MAIDEN NAME	Annie Nickelsen
RESIDENCE	Howney, Idaho	RESIDENCE	Howney, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mobile, Minn.	BIRTHPLACE	Sago, Idaho
OCCUPATION	Lumber Yard Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Howney, Idaho

Filed June, 10, 1920 H. J. Hartvigsen Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1942

869-227-003-256

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock,

City of Pocatello Registration District No. 83 File No. 84064

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Zella June Hartwigsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	June 27 1920

FATHER		MOTHER	
FULL NAME	H. J. Hartwigsen,	FULL MAIDEN NAME	Suetta Brown.
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Otto Co, Nebraska.
OCCUPATION	farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartwigsen

Physician
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

19.....

Registrar

Filed July 10, 1920 H. J. Hartwigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1985

MAY 26 1944

253-204-003-964

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Aramo

No. R.F.H. St.

Hospital

Registration District No. 83 File No. 84066

Primary Registration District No. Registered No.

FULL NAME OF CHILD Annes Savon Beck

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		1st	Yes	July (Month), 4 (Day), 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wells Beck	FULL MAIDEN NAME	Jane Roundy
RESIDENCE	Aramo, Idaho	RESIDENCE	Aramo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Spanish Fork, Utah	BIRTHPLACE	Springville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Idaho

Filed July, 20, 1920. H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 20 1972

253-104-003-964

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Aramo

No. R. F. H. St.

Registration District No. 83 File No. 84067

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Whellyn Beck

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Twin	2d	Yes	July (Month) 4 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wells Beck	FULL MAIDEN NAME	Jane Boundy
RESIDENCE	Aramo Idaho	RESIDENCE	Aramo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Spanish Fork, Utah	BIRTHPLACE	Springville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Howney, Idaho

Filed July, 20, 1920. H. J. Hartvigsen, Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1974
DEC 9 1974
JUN 22 1973

456-107-003-366

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. ____ File No. 84068

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD June Downey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	July	7	1920.

FATHER		MOTHER	
FULL NAME	Arley Downey	FULL MAIDEN NAME	Vera Coffin
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Smithfield, Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6.35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Harrington

Physician
(Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed July 20, 1920 J. J. Harrington
Registrar

284 - 213-003-369

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Aramo

No. R. F. D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 84069

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Myrl Shumway

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	A. James Shumway	FULL MAIDEN NAME	Ici Jane Lawthers
RESIDENCE	Aramo, Idaho	RESIDENCE	Aramo, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Franklyn, Ida.	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Downey, Idaho

Filed July, 30, 1920 H. J. Hartvigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-219-003-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Aramo

No. R.F.D. St.

Hospital

Registration District No. 83 File No. 84070

Primary Registration District No. Registered No.

FULL NAME OF CHILD Norma Almira Ward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) - 19 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	Percy J. Ward.	FULL MAIDEN NAME	Vera Cole
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	St Louis, Mo	BIRTHPLACE	Fairview, Idaho.
OCCUPATION	Office Work	OCCUPATION	Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Hartogsen

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Idaho.

Filed July, 30, 1920. H J Hartogsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1975

395-230-002-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. R. F. D. St.

Registration District No. 83 File No. 84071

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD GWENDOLYN Treasure

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	7 — 30 — 1920

FATHER		MOTHER	
FULL NAME	William Treasure	FULL MAIDEN NAME	Romania Green
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hopkins Basin R.F.D. Downey Ida.	BIRTHPLACE	Woodruff Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Hartvigsen, Physician.
(Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Aug. 10, 1920 H. H. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 84071

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Treasure (Name on Original Certificate) who was born (Was Born or Died) on July 30, 1920 (Date of Event)
in Dooney, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L. D. S. church Record (Bible Record, Insurance Policy, Etc.) prepared on September 1-1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary	Gwendolyn Treasure

Subscribed and sworn to before me this 17th
day of Oct., 1942

J. F. Whitney
Notary Public, residing at McCammon, Ida.
My commission expires Feb. 23-1946.
(Seal)

Signed Romania H. Treasure (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of Oct., 1942

J. F. Whitney
Notary Public, residing at McCammon, Ida.
My commission expires Feb. 23-1946.
(Seal)

Signed R. N. Massie
(Signature of Any Credible Person Other Than Previous Year)

McCammon, Idaho
(Street Address, City, State)

OCT 21 1942

551-109-003-665

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83

File No. 84073

No. R. F. D. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Thomas Cecil Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 9 1920

FATHER		MOTHER	
FULL NAME	Charles W. Evans	FULL MAIDEN NAME	Mary Owens
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Malade, Ida.	BIRTHPLACE	Malade, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:10 P. M. on the date above stated.

(Signature) H. H. Hastings, M.D.
Physician
(Physician or midwife)

Address Downey, Idaho

Filed Aug. 25, 1920. H. H. Hastings
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1941
FEB 24 1943

685-114-003-[illegible]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arano

No. R F H St.

Hospital

Registration District No. 83 File No. 84074

Primary Registration District No. Registered No.

FULL NAME OF CHILD Oreion Sims Wheatley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Aug. (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Thomas O. Wheatley	FULL MAIDEN NAME	Clara Ruby Sims
RESIDENCE	Arano, Idaho	RESIDENCE	Arano, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Clarkston, Utah	BIRTHPLACE	Marsh Center, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Hartvigsen M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Idaho

Filed Aug. 25, 1920. H J Hartvigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 22 1945

249-207-003-155

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arano

Registration District No. 83

File No. 84075

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wilma Elisabeth Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Sept 7 1920

FATHER		MOTHER	
FULL NAME	J. C. Smith	FULL MAIDEN NAME	Olive Faulkner
RESIDENCE	Arano Idaho	RESIDENCE	Arano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Farmington, Utah	BIRTHPLACE	Robin, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Harrington, M.D.
Physician
(Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept. 30, 1920. H. A. Harrington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

884-119-003-753

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 53 — File No. 84076

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Russell J. Hyde

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept 19 1920

FATHER		MOTHER	
FULL NAME	John S. Hyde	FULL MAIDEN NAME	Carrie Petersen
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Hayesville, Utah	BIRTHPLACE	Australia
OCCUPATION	merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. J. Partridge M.D.
Physician
(Physician or midwife)

Address Downey, Idaho

Filed Sept 30, 1920. J. J. Partridge
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-124-003-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83 File No. 84077

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Emmett Guy Whitaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept (Month) 24 (Day) 1930 (Year)

FATHER		MOTHER	
FULL NAME	Guy T. Whitaker	FULL MAIDEN NAME	Iva Wallace
RESIDENCE	Downey Idaho	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Boulder Co, Utah	BIRTHPLACE	Taylorsville, Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho.

Filed Oct. 10, 1930. H. J. Hartvigsen Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 6 1973

263-126-003-297

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 38 — File No. 84078

No. ____ St.

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Bonnie Koch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male			yes	July	26	1920

FATHER		MOTHER	
FULL NAME	M. B. Koch	FULL MAIDEN NAME	Lillian Biggs
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Manassa, Colo.	BIRTHPLACE	Fairview Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) H. J. Hartwigsen, M.D.

Physician
(Physician or midwife)

Address Pocatello, Idaho.

Filed Oct. 10, 1926 H. J. Hartwigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

813 - 225 - 003 - 766

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Swan Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 84079

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leona Hatch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Sept 25 1920

FATHER		MOTHER	
FULL NAME	Daniel George Hatch	FULL MAIDEN NAME	Elsie May Gooch
RESIDENCE	Swan Lake Idaho	RESIDENCE	Swan Lake Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Curtis Bland

Physician

(Physician or midwife)

Address Preston Idaho

Filed Oct 1, 1920 H. J. Harrington Registrar

411-209-203-462

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 83 File No. 84080

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Shirley Helen Marso (MARSO)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Oct 9 1920

FATHER		MOTHER	
FULL NAME	C. P. Marso	FULL MAIDEN NAME	Evelyn Moss
RESIDENCE	McCammon, Ida.	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Russia Saxemburg Europe	BIRTHPLACE	McCammon Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Partridge, M.D.
Physician
(Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 15 1920. H. J. Partridge
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1942

255-225-003-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Virginia Registration District No. 83 File No. 84082

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Catherine Amanda

FULL NAME OF CHILD ~~Julia~~ Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct., 25, 1920.

FATHER		MOTHER	
FULL NAME	Ralph E. Bennett	FULL MAIDEN NAME	Mary Richardson
RESIDENCE	Virginia, Ida	RESIDENCE	Virginia, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kaysville, Utah.	BIRTHPLACE	Moreland Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Oct 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-230-003-897

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

Registration District No. 84 File No. 84083

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Orliss Bradbury

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	October 30 1920

FATHER		MOTHER	
FULL NAME	Charles T. Bradbury	FULL MAIDEN NAME	Nathalie Higginson
RESIDENCE	Chesterfield Idaho.	RESIDENCE	Chesterfield Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhardt.

physician
(Physician or midwife)

Address Bancroft Idaho.

Given names added from a supplemental report. .....19.....

A. V. Linhardt.
Registrar

Filed .....1920.....19.....

Registrar

FORM 4: IT NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Chesterfield

Registered No. 84

Street and House No.

County Bannock

Registration Dist. No. 2

Sex of Child Female

Date of Birth Oct. 30 1920
MONTH DAY YEAR

Father Charles T. Bradbury
FULL NAME

Mother Nathalie Higginson
FULL MAIDEN NAME

I Hereby Certify that the child described has been named:

Arliss Bradbury
GIVEN NAME IN FULL SURNAME

as reported by C. T. Bradbury
FATHER OR MOTHER

LOCAL REGISTRAR

DEC 12 1972

FEB 6 1981

d herein

753-223-003-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84 File No. 84084

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Venice Petersen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	twin		2.	yes	Oct. 23, 1920. 19 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick H. Petersen	FULL MAIDEN NAME	Gladys Davids,
RESIDENCE	Bancroft Idaho.	RESIDENCE	Bancroft Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Paradice Utah	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	Grocery clerk	OCCUPATION	housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.15.p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orem V. Linhardt

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Bancroft Idaho.

O V Linhardt
Registrar

Filed 1920 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S NO. 27B. 5M-12-1

840

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Bancroft

Registered No. 8

Street and House No.

County Bannock

Registration Dist. No. 5

Sex of Child Female (1:58 P.M.)

Date of Birth Oct. 23 1920
MONTH DAY YEAR

Father Frederick A. Petersen
FULL NAME

Mother Gladys Davids
FULL MAIDEN NAME

I Hereby Certify that the child descri
has been named:

Venice Petersen
GIVEN NAME IN FULL SU

as reported by Father
FATHER OR MOTHER

O. Lundell
LOCAL REGISTRAR

AUG 1 195[illegible]

4

161

bed herein

RNAME

753-223-003-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 84085

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Venus Petersen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	twin		1.	yes	Oct. 23, 1920. 19 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick H. Petersen	FULL MAIDEN NAME	Gladys Davids,
RESIDENCE	Bancroft Idaho.	RESIDENCE	Bancroft Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Paradice Utah	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	grocery clerk	OCCUPATION	housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.58 p.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar O. Linhardt

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

O O Linhardt.
Registrar

Address Bancroft Idaho.

Filed 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

84085 1921

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
- City: Bancroft
- Street and House No.:
- County: Bannock.

Registered No. 84

Registration Dist. No. 2161

Sex of Child: female (2.15 P.M.)

Date of Birth: Oct. 23 1920
MONTH DAY YEAR

Father: Fredick H. Petersen
FULL NAME

Mother: Gladys Davids.
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Venus Petersen
GIVEN NAME IN FULL SURNAME

as reported by Father
FATHER OR MOTHER

Orene V. Leinhardt
LOCAL REGISTRAR

AUG 21 1963

MAR 17 1961

815-103-003-155

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. 84 File No. 84086

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Fenby Ross Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct. 3rd, 19 20

FATHER		MOTHER	
FULL NAME	Erastus S. Hansen	FULL MAIDEN NAME	Mary S. Jensen
RESIDENCE	Lund Idaho.	RESIDENCE	Lund Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Brigham City Utah
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 2.15 P. M. on the date above stated.

(Signature) Owen V. Linhardt

Physician
(Physician or midwife)

Address Bancroft Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. .....19.....

.....
Registrar

Filed .....19.....

.....
Registrar

753 - 203 - 003 - 386

PLACE OF BIRTH 1

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

Registration District No. 84 File No. 84087

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct. 3rd, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur G. Peterson	Luella Thornock
RESIDENCE	Lund Idaho.	Lund Idaho.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Odgen Utah	Bloomington Idaho.
OCCUPATION	farmer	housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.05 p. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne V. Pinkett

Physician
(Physician or midwife)

Bancroft Idaho.
Address

Given names added from a supplemental report.

....., 19.....

O V Pinkett
Registrar

Filed ....., 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1950

FEB 16 1972

747-120 [redacted]
PLAC
004-99 [redacted]

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

Registration District No. ..... File No. 84089

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	X		X	Yes	10	20	1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney S. Pugmire	FULL MAIDEN NAME	Forest Rich
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles Paris Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was above, at 2 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton
M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Paris

Filed 10/10/20 19.. R J Sutton Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-220-004-384

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. ..... File No. 84090

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Winona Shepherd

Sex of Child Female | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 10 20 19 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Shepherd	FULL MAIDEN NAME	Thoun Chugg
RESIDENCE	Paris Idaho	RESIDENCE	Paris Ida.
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Paris Ida.	BIRTHPLACE	Paris
OCCUPATION	Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris

Filed 11/10/20 19 R J Sutton Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Cert. of Birth, entered on record, Dec. 5, 1920 gives full name of child as Winona Shepherd, born Oct. 20, 1920 at Paris, Idaho to Earl Shepherd and Jhoun Chugg - viewed by V.S. State of California, County of San Mateo, Certificate of Marriage, married Feb. 21, 1943 at Redwood City, California gives full name of groom as Karl H. Evans, Jr. and full name of bride as Winona Shepherd -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of viewed by V.S. } ss.
County of

Certificate No. 84090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Shepherd (Name on Original Certificate) who born (Was Born or Died) on Oct. 20, 1920 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Winona Shepherd

Subscribed and sworn to before me this 26th day of Nov., 1961.
Paul M. Evans
Notary Public, residing at Sacramento
My commission expires 6/10/62
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Signed Jhoun L. Shepherd
(Street Address, City, State) 2909 Live Oak Ave Irvington, Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of Nov., 1961.
Paul M. Evans
Notary Public, residing at Sacramento
My commission expires 6/10/62
(Seal)

Signed Helen S Whelan
(Signature of Any Credible Person)
825 Live Oak Apt F
(Street Address, City, State)
Menlo Park, California

FORM DPH 55.155 CL 2-29-60. one copy pd. receipt #20254.

FEB 23 1962

OCT 16 1986

113-217-004-119

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. ..... File No. 84091

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births) | Legitimate? No. | Date of Birth 10/17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hubert Jacobson	FULL MAIDEN NAME	Mamie Jarvis
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 43 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Paris

Filed 10/10/20 R J Sutton
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-214-004-255

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

Name added 12-22-20

Registration District No. 53

File No. 484092

No. ..... St.

Primary Registration District No. 2132

Registered No. .....

Hospital .....

FULL NAME OF CHILD Estella Johannah Peterson

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct. 14 (Month) 3:35 pm (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alvin Peterson	FULL MAIDEN NAME	Bertha Benson
RESIDENCE	St Charles	RESIDENCE	St. Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	St Charles	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed Oct 1920

R. J. Sutton
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 4 9 48 AM '78

State of ..... } ss.
County of .....

Certificate No. 84092

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed female Peterson (Name on Original Certificate) who was born (Was Born or Died) on October 14, 1920 (Date of Event)

in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed female	Estella Johannah Peterson

Subscribed and sworn to before me this 1st day of November 1978

Donna P. Nelson

Notary Public, residing at Lacatette Idaho

My commission expires 11-4-81

(Seal)

Signed Leland Pugmire

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of November, 1978

Donna P. Nelson

Notary Public, residing at Lacatette, Idaho

My commission expires 11-4-81

(Seal)

Signed Adeline Pugmire

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 nm 3 1 76 "M"

Certificate of Blessing gives name of child as Estella Johanna Peterson daughter of Alvin O. Petersen and Bertha Benson born on October 14, 1920 at St. Charles, Idaho and Blessed December 5, 1920.
Viewed by V.S.

Certificate of Baptism and Confirmation issued by the L.D.s.Church gives name of child as Estella Johannah Peterson daughter of Alvin Peterson and BErtha A. Benson. Born October 14, 1920 at St. Charles, Idaho, and Baptized November 17, 1928 by Moroni S. Pugmire, Elder.
Viewed by V.S.

219-101-004-265

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 57 File No. 84093

No. ____ St.

Primary Registration District No. 2136 Registered No. ____

Hospital ____

FULL NAME OF CHILD DEAN LEO BARTSCHI

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			1	yes	Aug. 1, 1920

FATHER		MOTHER	
FULL NAME	Leo Bartschi	FULL MAIDEN NAME	Enes Hoeven
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Farming	BIRTHPLACE	Montpelier
OCCUPATION	Filler, Fur	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 10-25-1920

N Nokes
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

JAN 27 1942

Certificate No. 84093

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Dean Leo Bartschi (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Aug 1 1919 (DATE OF EVENT) in Montpelier Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 1 1919 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Bartschi	Dean Leo Bartschi

Subscribed and sworn to before me this 26 day of Jan, 1942

Notary Public, residing at

My commission expires
(SEAL)

Signed Johanna L Bowen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ovid Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of January, 1942

Levi Aland

Notary Public, residing at Montpelier Idaho

My commission expires December 15, 1945
(SEAL)

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

Signed Leo F. Bartschi Father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ovid Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1942 By Dean Leo Bartschi
(REGISTRAR'S SIGNATURE)

FEB 2 1942

FEB 27 1964

141-105-004-335

PLACE OF BIRTH

Form V. S. No. 11—[illegible]-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Pegram

Registration District No. 52 File No. 84094

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Boy Jay Adamson

Sex of Child Boy | Twin Triplet or other? | and | Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl L. Adamson	FULL MAIDEN NAME	Viola McClelland
RESIDENCE	Pegram, Idaho	RESIDENCE	Pegram
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Gerard, Kansas	BIRTHPLACE	Gerard
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier, Idaho

Filed 10-23-1920 H. H. Young
Registrar.

Registrar.

FEB 5 1968

236-222-004-819

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 84095

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ponda Elizabeth Sloat

Sex of Child Girl | Twin Triplet or other? \ and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 22, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. E. Sloat	FULL MAIDEN NAME	Elizabeth M Harrington
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Tenn.	BIRTHPLACE	England
OCCUPATION	R. R. Smithman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 10-25 1920 N. T. Remy

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1942

AUG 4 1950

694-124-004-899

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geneva

Registration District No. 52

File No. 84096

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Vernon Samuel Widmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 24th 1920

FATHER		MOTHER	
FULL NAME	Samuel E. Widmer	FULL MAIDEN NAME	Nellie Hirschi
RESIDENCE	Geneva Ida	RESIDENCE	Geneva Ida.
COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Geneva Ida	BIRTHPLACE	Geneva Ida.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King M.D.

Physician
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 10-25 19 20 H H King

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1973

844-203-004-269

PLACE OF BIRTH

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardboro

Registration District No. 52

File No. 84097

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Girl

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 8 (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. G. Humphreys	FULL MAIDEN NAME	Christina Sorensen
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Wis
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 30 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ashley

[signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 10-25-20 19 [signature]

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920 4083375

795-105-004-855

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

Registration District No. 52 File No. 84098

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Lorin Albert Prescott

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8 (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William J Prescott	FULL MAIDEN NAME	E. A. Hensen
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Sharon	BIRTHPLACE	Cleveland Iowa
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lilly

Monroe

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar.

Filed 10-25-1920 [signature]

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 84098

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lorin Albert Prescott (Name on Original Certificate) who Born (Was Born or Died) on Aug - 3 - 1920 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Oct 3. 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Albert Lorin Prescott
Lorin Albert Prescott		Lorin Albert Prescott

Subscribed and sworn to before me this 6th
day of May, 1943

Notary Public, residing at Pocatello, Idaho
My commission expires May 10. 1945
(Seal)

Signed Evelina Prescott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

NOV 29 1962.

249-206-004-168

PLACE OF BIRTH

name added 3-26-82

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 84099

No. ..... St.

Primary Registration District No. 236 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edythe Frances Sunderland

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 8 (Month) 6 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Frank Sunderland	FULL MAIDEN NAME	Vera May Johnson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Wyo
OCCUPATION	Baker	OCCUPATION	Wyo

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 89 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo V Gilley

Montpelier (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 10-28-20 19.... H H King

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RELEASED

3-18-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 24 11 19 AM '82
VITAL STATISTICS

State of Idaho
County of Bear Lake } ss.

Certificate No. 84099
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sunderland (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-6-20 (Date of Event)

in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Edythe Frances Sunderland

Subscribed and sworn to before me this 22 day of March, 1982.

Notary Public, Gerald O. Peterson
Residing at Montpelier
My commission expires Lifetime
(Seal)

X Edythe Esterholdt
Signature of Applicant

412 N 5th Montpelier, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage License and Certificate gives Lavoy Christian Esterholdt and Edythe Frances Sunderland were married 4-16-43 in Montpelier.. Viewed by V.S.

MAR 26 1982

LDS Seminaries Certificate of Graduation gives Edythe Frances Sunderland graduated from Seminary Program in LDS Church on 5-16-37. Viewed by V.S.

131-113-004-465

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Pegram

No. ..... St.

Hospital .....

Registration District No. 52 File No. 84100

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD DEAN HOLMES ALAND

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8 (Month) 13 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Lefi W Aland	FULL MAIDEN NAME	IVA RUTH ~~J. R. Montcalm~~ MONTEE
RESIDENCE	Pegram	RESIDENCE	Pegram
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Kan
OCCUPATION	Owner of Store	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lubley

[signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 10-25-20 19

[signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 84100

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dean Holmes Aland (Name on Original Certificate) who was born (Was Born or Died) on Aug. 13, 1920 (Date of Event)
in Pegram, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church records (Bible Record, Insurance Policy, Etc.) prepared on October 17th, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name		Levi W. Aland
name	none given	Dean Holmes Aland
mother's maiden name	I.R. Monteath	Iva Ruth Montee

Subscribed and sworn to before me this 2nd
day of October

Notary Public, residing at Paris

My commission expires Nov. 11, 1943
(Seal)

Signed Iva Ruth Aland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 237, Montpelier, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 12 1944

899-231
PLACE OF BIRTH
004-245

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake name added 5/27/80

City of Montpelier

Registration District No. 57 File No. 84101

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jean Hirschi

Sex of Child Girl | Twin Triplet or other? \ and Number in order of birth 6 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug. 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. P. Hirschi	FULL MAIDEN NAME	Anna Kunz
RESIDENCE	Alton	RESIDENCE	Alton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Switzerland	BIRTHPLACE	Montpelier
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer Estinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 10 Nov 1920 J. H. King
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

4-15-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 12 2 02 PM '80

State of Wyoming
County of Natrona } ss.

Certificate No. 84101
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Hirschi (Name on Original Certificate) who was born (Was Born, Died, etc.) on Aug. 31, 1920 (Date of Event)

in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Jean Hirschi

Subscribed and sworn to before me this 5th day of May, 1980

Notary Public, Merna J. Boatman

Residing at

My commission expires March 12, 1983

MERNA J. BOATMAN
NOTARY PUBLIC
NATRONA COUNTY, WYOMING
My commission expires Mar. 12, 1983
Seal

Jean Oakley
Signature of Applicant

1743 S. Elk Casper, Wyo.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of Wyoming
County of Lincoln } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 1980

Notary Public, Linda L. Ferguson

Residing at Cokeville, Wy.

My commission expires May 26, 1981

(Seal)

Bernice Robinson
Supporting Signature

P.O. Box 155 Cokeville, Wyo.
Street Address, City, State

Certif of Blessing from the LDS Church gives name as Jean Hirschi daughter of Wm. C. Hirschi and Anna Kunz. born Aug 31,1920 at Sheep Creek, Idaho. Blessed Oct 3, 1920. viewed by V. S.

Family record gives nameas Jean Hirschi born Aug 31, 920 in Alton, Idaho viewedby V. S.

MAY 27 1980

515-102-804-272

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-9-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 84102

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Van Orman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 2 191

FATHER		MOTHER	
FULL NAME	Abe Van Orman	FULL MAIDEN NAME	Jennie Ipsen
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Car Repairer O S & R R Co	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 9 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 10-25-1920

H H King

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

494-104-004-768

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 84103

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Roger Gay Dimick

Sex of Child boy | Twin Triplet or other? — and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. 4, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Donald Dimick	FULL MAIDEN NAME	Aneta Gay
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Hardboro	BIRTHPLACE	France
OCCUPATION	R. R. Carman	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 10-25-1920 H. H. King Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-220-004-867

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Registration District No. 52 File No. 84104

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Nina Robison

Sex of Child girl | Twin Triplet or other? — and Number in order of birth 3 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept. 20, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Robison	FULL MAIDEN NAME	Eva Hoff
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Georgetown
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Montpelier Ida

Filed 10-25-1920 H. H. King
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
DEC 1 9 31 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 84104

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Robison (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 20, 1920 (Date of Event)
in Georgetown, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Nina Robison

Subscribed and sworn to before me this 28th day of November, 19 77

Joan W. Crane
Notary Public, residing at Georgetown
My commission expires 8/22/78
(Seal)

Signed Eva H. Robison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 11/21/77

Certif of Blessing from the LDS Church gives name as Nina Robison duaghter of Lewis D. Robison and Eva Hoff. born Sept 20, 1920 at Georgetwon, Idaho. Blessed Nov 7, 1920. viewed by V. S.

DEC 2 8 1977

Certif of Baptism from the LDS Church gives name as Nina Robison daughter of Lewis D. Robison and Eva Hoff. born Sept 20, 1920 at Georgetown, Idaho. Baptized Sept 20, 1928. viewed by V. S.

389-227-004-255

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52 File No. 84105

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Florence Christensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	\		2	yes	Sept. 27 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Christensen	FULL MAIDEN NAME	Bertha Kennington
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Manti, Utah	BIRTHPLACE	Afton, Wyoming
OCCUPATION	Mechanic	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Montpelier Ida

Filed 10/28 1920 H H Kerry
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-102-004-754

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 52

Primary Registration District No. 2136

File No. 84106

Registered No. .....

FULL NAME OF CHILD George Woodruff Cook

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 2nd 1920

FATHER		MOTHER	
FULL NAME	John Woodruff Cook	FULL MAIDEN NAME	Hannah Pedersen
RESIDENCE	Dingle Ida	RESIDENCE	Dingle Ida.
COLOR	White. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 10-25 1920

H H King
Registrar

MARGIN RESERVED FO...

WRITE PLAINLY WITH UNFADING INK THIS IS A PE...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-205-004-393

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 5

File No. 84107

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Winifred Caroline Kunz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	Oct 5th 1920

	FATHER	MOTHER
FULL NAME	David C. Kunz	Jessie Dobbs
RESIDENCE	Montpelier Ida.	Montpelier Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Idaho	Utah
OCCUPATION	Lawyer	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or not) on the date above stated. at 6 30 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A H Kunz

Physician

(Physician or midwife)

Address Montpelier Ida

Filed 10-28 1920

A H Kunz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-202-004-397

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Registration District No. 52

File No. 84108

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD LaRue Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 2nd 1920

FATHER		MOTHER	
FULL NAME	Homer K. Clark	FULL MAIDEN NAME	Percie Tippets
RESIDENCE	Georgetown Ida	RESIDENCE	Georgetown Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 10-25-1920

H H King
Registrar

Registrar

MARGIN RESERVED FOR ...

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-217-004-315

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 52 (52)

File No. 84109

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Doris Margaret White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Bg		yes	Oct 17 1920

FATHER		MOTHER	
FULL NAME	Russel A. White	FULL MAIDEN NAME	Catherine Langford
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Colo.	BIRTHPLACE	Utah
OCCUPATION	Express Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Galstner

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

..... Registrar

Filed 10-28 1920

H. H. Stevens
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10 1 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 21 8 47 AM 74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 84109

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed White (Name on Original Certificate) who was born (Was Born or Died) on Oct. 17, 1920 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Doris Margaret White

Subscribed and sworn to before me this 7th day of October, 1974

Ruth W. Dyer
Notary Public, residing at Salt Lake City, Utah
My commission expires July 18, 1976
(Seal)

Signed Lutheria Langford White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

446½ West 3rd No. Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of October, 1974

Wayne S. Andrews
Notary Public, residing at
My commission expires
(Seal)

WAYNE S. ANDREWS
Notary Public—State of Nevada
COUNTY OF CLARK
My Commission Expires July 15, 1977

Signed Wilford E. Stokell
(Signature of Any Credible Person)

1993 Golden Arrow Las Vegas Nev
(Street Address, City, State)

FORM DH 60-155

Certificate of birth from Idaho for own child (55-11137) for David Allen Strobelt born Aug 22, 1955. gives father's name as Wilford Ernest Strobelt and the mother's name as Doris Margaret White. viewed by V. S.

OCT 21

High school diploma from Logan, Utah gives name as Doris Margaret White gives date as May 28, 1937. viewed by V. S.

845-126-004-245

PLACE OF BIRTH

AMENDED - JANUARY 21, 1949

County of Bear Lake

City of Bennington

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 84110

Primary Registration District No. 2136 Registered No. ____

FULL NAME OF CHILD Duaine James HUNTER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 - 26 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clifford Hunter	FULL MAIDEN NAME	May Smeath
RESIDENCE	Bennington, Idaho	RESIDENCE	Bennington, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) H. H. King

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed 10/26/ 1920 H. H. King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO
County of BEAR LAKE } ss.

Certificate No. 84110
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for VERNON JAMES HUNTER (Name on Original Certificate) who WAS BORN (Was Born or Died) on OCTOBER 26, 1920 (Date of Event)
in BENNINGTON, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by CHURCH RECORD (Bible Record, Insurance Policy, Etc.) prepared on December 6, 1920 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Vernon James Hunter	Duaine James Hunter

Subscribed and sworn to before me this 17TH day of JANUARY, 1949

Ruth Aland

Notary Public, residing at MONTPELIER, IDAHO

My commission expires March 6, 1952

(Seal)

Signed Mrs Clifford Hunter Mother
(Signature of parent or attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record; or other credible person.)

BENNINGTON, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BEAR LAKE } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 17TH day of JANUARY, 1949

Ruth Aland

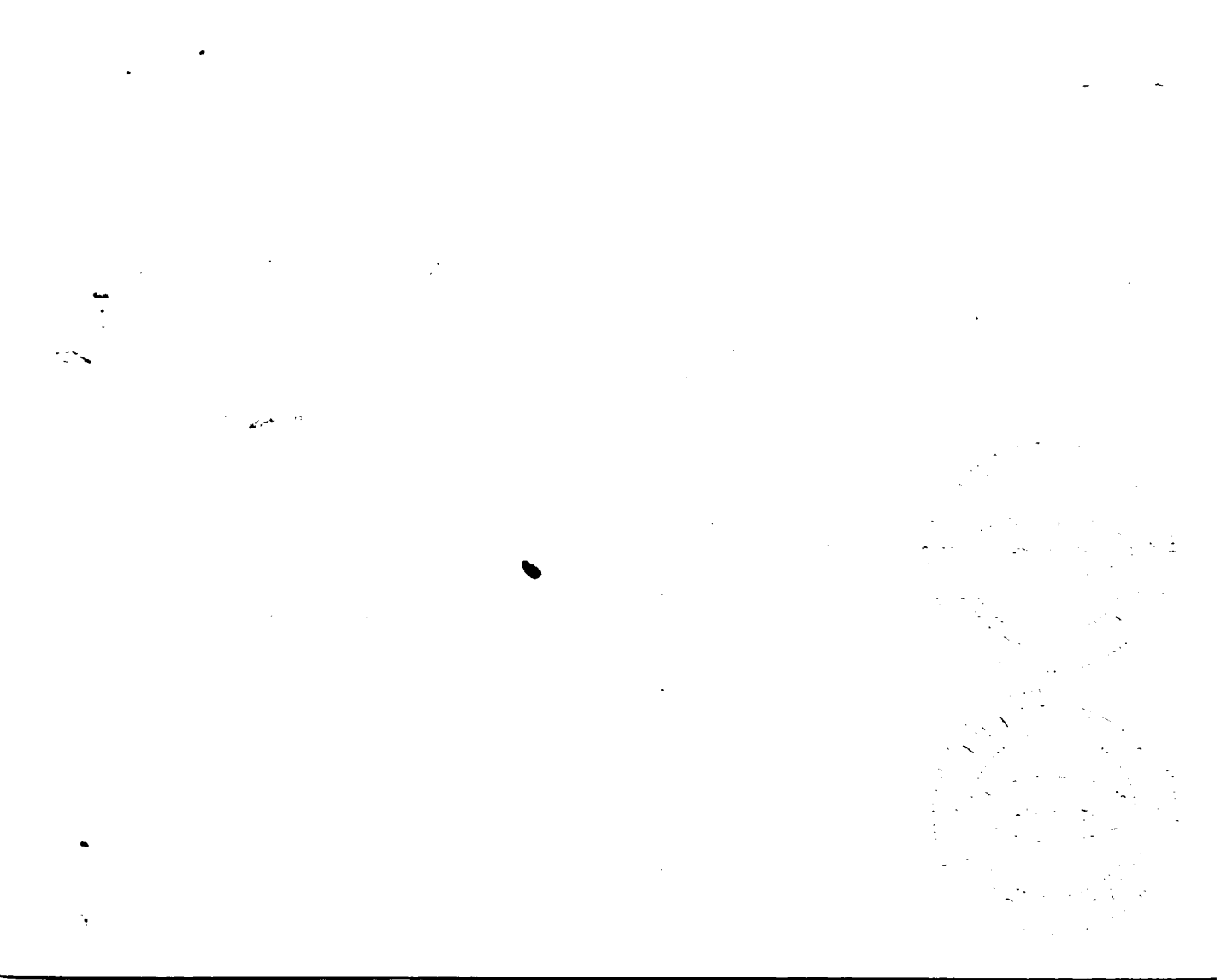
Notary Public, residing at MONTPELIER, IDAHO

My commission expires March 6, 1952

(Seal)

Signed Ines N. Hall
(Signature of Any Credible Person)

Bennington Idaho.
(Street Address, City, State)



253-126-005--013

[redacted]E OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

Registration District No. 31 File No. 84111

No. ..... St.

Primary Registration District No. ..... Registered No. 27

Hospital .....

FULL NAME OF CHILD Alfred Daniel Belmore

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	April 26 1920

FATHER	MOTHER
FULL NAME: Frank Belmore	FULL MAIDEN NAME: Anne Falcon
RESIDENCE: Desmet, Ida	RESIDENCE: Desmet Ida
COLOR: Indian	COLOR: Indian
AGE AT LAST BIRTHDAY (Years):	AGE AT LAST BIRTHDAY (Years):
BIRTHPLACE: Mont.	BIRTHPLACE: Ida
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Frank Belmore

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 21 1920

J. E. Tilman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-1203-005-95-4

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Vernal

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 84112

Primary Registration District No. ..... Registered No. 26

FULL NAME OF CHILD Catherine Daniel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Sept 3 1920

FATHER		MOTHER	
FULL NAME	Barney Daniel	FULL MAIDEN NAME	Anne Redbone
RESIDENCE	Vernal Ida	RESIDENCE	Vernal Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) Barney Daniel

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct 21 1920

J. E. Bikam
Registrar

342-103-005-342

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

Registration District No. 31 File No. 1 84113

No. ..... St.

Primary Registration District No. ..... Registered No. 24

Hospital .....

FULL NAME OF CHILD Francis Robert Luke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Louis Luke	FULL MAIDEN NAME	Agnes Luke
RESIDENCE	Desmet	RESIDENCE	Desmet
COLOR	Indian	COLOR	
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis Luke

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Oct 12 1920 J. E. Bihan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

162-221-005-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Desmet

Registration District No. 21 File No. 84114

No. ..... St.

Primary Registration District No. ..... Registered No. 25

Hospital .....

FULL NAME OF CHILD Evangeline Mary Joseph

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Oct 21 1922

FATHER		MOTHER	
FULL NAME	Levin Joseph	FULL MAIDEN NAME	agat michel
RESIDENCE	Desmet Ida	RESIDENCE	Desmet Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Levin Joseph
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 26 1922

J. L. Bihan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

669-203-005-268

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Hospital .....

Registration District No. 31 File No. 1 84115

Primary Registration District No. ..... Registered No. 23

FULL NAME OF CHILD Lydian Susan Ford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	Oct 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Ford	FULL MAIDEN NAME	Lizzie Boyd
RESIDENCE	Desmet Idaho	RESIDENCE	Desmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) no physician attended

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Oct 12 1920

J. Le Biham
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

752-201-005-443

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Hospital .....

Registration District No. 31 File No. 184116

Primary Registration District No. ..... Registered No. 22

FULL NAME OF CHILD Adeline Gebeau

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		No	Oct 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack Gebeau	FULL MAIDEN NAME	Mary Mulcopsy
RESIDENCE	W Montana	RESIDENCE	Desmet Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Mont.	BIRTHPLACE	Ida
OCCUPATION	not known	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Mulcopsy

(~~Physician or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 4 1920

J. L. Behan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-223-005-381

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah

City of St Maries

No. ..... Idaho St.

Hospital St Maries

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 84117

Primary Registration District No. 2049 Registered No. 88

FULL NAME OF CHILD Marguerite Frances Ellis

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 10 (Month) – 23 (Day) – 1920 (Year)

FATHER

FULL NAME Sam C. Ellis

RESIDENCE Fernwood Ida.

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Eau Clire Wisc.

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Alphonsine Charbonneau

RESIDENCE Fernwood, Ida.

COLOR Wht AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Hawksbury Ont. Can.

OCCUPATION Housewife (U.S.)

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) H Cornwall

(Physician or midwife)

Address St Maries

Filed Nov. 9 1920

H Eldridge

Registrar

Registrar

PLACE OF BIRTH

DEC 27 1962

JUL 23 1963

235-214-005-628

PLACE OF BIRTH

Form V. ~~S. No.~~ 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32 File No. 84118

No. ..... St.

Primary Registration District No. 2049 Registered No. 87

Hospital .....

FULL NAME OF CHILD BETTY ANN Stevens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
4	—		4	4	10 (Month) 14 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Stevens	FULL MAIDEN NAME	Etta Ashlin
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Mill Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries

Filed Nov 5 1920 H E Hirsch
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BENAWAH }

Certificate No. 84118

Date Filed DEC 5, 1942

The undersigned does solemnly swear that certain facts on the certificate of BERTH (BIRTH OR DEATH)
for BETTY ANN STEVENS (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on OCT 14, 1920 (DATE OF EVENT)
in ST MARIES IDA (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on OCT 14, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Betty Ann Stevens

Subscribed and sworn to before me this 14th day of December, 1942

Notary Public, residing at Spokane

My commission expires March 26, 1943 (SEAL)

Signed Henrietta (Etta) Stevens
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1610 W Boone Ave Spokane Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of December, 1942

Notary Public, residing at Spokane

My commission expires March 26, 1943 (SEAL)

Signed Mrs. Henrietta Stevens
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1010 W Boone Ave Spokane Wn
(STREET ADDRESS, CITY, STATE)

Received for filing on DEC 1942 By
(REGISTRAR'S SIGNATURE)

681-217-005-65-9

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries — Registration District No. 32 — File No. 84119

No. ..... St. — Primary Registration District No. 2049 — Registered No. 86

Hospital Dr. Smith's

FULL NAME OF CHILD ANITA AGNES Whalen

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 17 1920

FATHER		MOTHER	
FULL NAME	Thomas Whalen	FULL MAIDEN NAME	Corinne Ferguson
RESIDENCE	Rose Lake, Idaho	RESIDENCE	Rose Lake, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Cataldo, Idaho.	BIRTHPLACE	Post Falls, Idaho.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith

Physician (Physician or midwife)

Address St. Maries, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 4 1920

H E Smith Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

FEB 11 1942

Certificate No. 84119

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 17, 1921 (DATE OF EVENT) in St. Maries Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by statement of father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 28, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Whalen	Anita Agnes Whalen

Subscribed and sworn to before me this 28 day of Jan, 19 42

Mary M. Stout

Notary Public, residing at Kellogg Ida.

My commission expires July 30, 1945

(SEAL)

Signed Tom Whalen FATHER

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD OR OTHER CREDIBLE PERSON.)

Pinehurst Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of Jan, 19 42

Mary M. Stout

Notary Public, residing at Kellogg Idaho

My commission expires July 30, 1945

(SEAL)

Signed Mrs Edith Whalen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Pinehurst Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 1 By

(REGISTRAR'S SIGNATURE)

FEB 13 1942

632-212-005-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

Registration District No. 32

Primary Registration District No. 2049

File No. 84120

Registered No. 85

FULL NAME OF CHILD Ruth Theresa Olsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ivor Olsen	FULL MAIDEN NAME	Tressa Banker
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Phillips, Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St. Maries, Idaho.

Filed Nov 4 1920 H E Hunt Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. 9 23 AM '77

County of .....

Certificate No. 84120

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Olsen (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1920 (Date of Event)

in St. Maries, Idaho (Benewah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ruth Theresa Olson
date of birth	Oct 12, 1920 ← Oct 12 15 the correct date	~~Oct 20, 1920~~ ← Uncorrect - do not change the date!

Subscribed and sworn to before me this ..... day of ....., 19.....

~~Notary Public, residing at~~

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wisconsin } ss.

County of Waukesha

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 1977

[signature]

Notary Public, residing at Pewaukee, WI.

My commission expires March 2, 1980

(Seal)

Signed Lillian Kathryne Symonik

(Signature of Any Credible Person)

2361 So. 63 St. West Allis, Wis

(Street Address, City, State)

53219

FORM DH 60-155

CL 1/21/77 — Ltd $3.00 ck

Certif of Baptizm from Methodist Episcopal Church gives name as Ruth Theresa Olson daughee of Iver and Theresa Olson. born Oct 12,1920. dated Sept 12, 192[illegible] 1922. viewed b V. S.

MAR 2 1977

Cradle Roll Certificate gives name as Ruth Theres Olson child of Iver and Theresa Olson. born Oct 12, 1920 at St. Maries,Idaho. dted Oct 7, 1921. viewe d by VS

154-211-005-259

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bennewah

City of Plummer

Registration District No. 46 File No. 84123

No. ..... St.

Primary Registration District No. 2123 Registered No. 20

Hospital .....

FULL NAME OF CHILD Grace Madeline Anderson

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dave E. Anderson	FULL MAIDEN NAME	Nora Kinder
RESIDENCE	Plummer Idaho	RESIDENCE	Plummer Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Tekoa, Wash.

Filed Oct 15 1920 H. G. Jaeger
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1962

MAY 1 9 1969

642-102-005-113

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of New Plummer Bruewak Co.

Registration District No. 46 File No. 84124

No. ..... St.

Primary Registration District No. 2173 Registered No. 18

Hospital Delbert Leroy Omstead

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Sept 2 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. M. Omstead	FULL MAIDEN NAME	Ella Jacobson
RESIDENCE	Bruewak Co	RESIDENCE	Bruewak Co.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisc	BIRTHPLACE	Minn
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Tekoa Wn.

Filed Oct. 15 1920

W. L. Jungue
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

573-119-005-21[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah, Idaho

City of

No. St.

Hospital

Registration District No. 46 File No. 84125

Primary Registration District No. 2123 Registered No. 19

FULL NAME OF CHILD Egli

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Sept 19 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Edward Egli	FULL MAIDEN NAME	Ida Kauffman
RESIDENCE	Benewah Co.	RESIDENCE	Benewah Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson
Physician
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address Tekoa Wash.

Filed Oct. 15 1920

H. L. Jaeger
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

CERTIFICATE OF BIRTH

Register No. _____ File No. _____

Primary Registration District No. _____ Sub-District No. _____

Hospital _____

No. _____ St. _____

City or _____

FULL NAME OF CHILD

Sex of Child | Twin, triplet, or other? | Number in order of birth | Legal? | Date of Birth | Age (Years)

(To be answered only in case of plural births)

FATHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

MOTHER

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at the above stated time.

Signed _____

Address _____

(Type or print)

(Give name which will be used on birth record)

Date _____, 19__

Address _____

Title _____

Physician

Midwife

(Type or print)

INSTRUCTIONS

Please fill in all items. Use typewriter or print in ink. Do not abbreviate. Write out full name of child. If twin or triplet, add A, B, or C after name. Give full name of mother, including maiden surname. Give full name of father. Do not use nicknames. Give birthplace by State or Foreign Country. Give usual occupation of each parent, even if not employed at present time. Give age at last birthday in years. Write out number of child of this mother, including present birth, and number of children of this mother now living, including present birth. Sign certificate as attending physician or midwife. Give address and title. Please see that all items are complete and correct.

MARRIED WOMEN ARE REQUESTED TO GIVE THE NAME AND OCCUPATION OF THE HUSBAND.

Where there was no attending physician or midwife (Type or print) the parent should make this report. Any person who shall refuse or neglect to make report as above required shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars ($100.00) or by imprisonment not exceeding one year, or both such fine and imprisonment, in the discretion of the court.

(Type or print)

(Give name which will be used on birth record)

Date _____, 19__

Address _____

Title _____

Physician

Midwife

(Type or print)

INSTRUCTIONS

Please fill in all items. Use typewriter or print in ink. Do not abbreviate. Write out full name of child. If twin or triplet, add A, B, or C after name. Give full name of mother, including maiden surname. Give full name of father. Do not use nicknames. Give birthplace by State or Foreign Country. Give usual occupation of each parent, even if not employed at present time. Give age at last birthday in years. Write out number of child of this mother, including present birth, and number of children of this mother now living, including present birth. Sign certificate as attending physician or midwife. Give address and title. Please see that all items are complete and correct.

MARRIED WOMEN ARE REQUESTED TO GIVE THE NAME AND OCCUPATION OF THE HUSBAND.

Where there was no attending physician or midwife (Type or print) the parent should make this report. Any person who shall refuse or neglect to make report as above required shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding one hundred dollars ($100.00) or by imprisonment not exceeding one year, or both such fine and imprisonment, in the discretion of the court.

256-13
006-46
[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen — Registration District No. 116 — File No. 84126

No. ____ St. — Primary Registration District No. 2195 — Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	Oct 30 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Foster Snow	May Morrison
RESIDENCE	Aberdeen Idaho	Aberdeen Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon, M.D.

Physician

(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed 10/30/20 19 M. C. Mackinnon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415 - 218 - 006 - 765 name added 4-23-82

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen — Registration District No. 116 — File No. 84127

No. ..... St. — Primary Registration District No. 2195 — Registered No. 601

Hospital .....

FULL NAME OF CHILD Bernadine Mann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 18 1920

FATHER		MOTHER	
FULL NAME	George Wayne Mann	FULL MAIDEN NAME	Lora Blanche Poe
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 9 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mankin M D

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/26 20 M. C. Mankin

Registrar

8-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 12 3 42 PM '82

State of California
County of Imperial } ss.

Certificate No. 84127
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Mann (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-18-20 (Date of Event)

in Aberdeen (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Bernadine Mann

Subscribed and sworn to before me this 8th day of February, 1982

Notary Public, Henry Barros Henry Barros
Residing at Calipatria, Imperial county, Ca
My commission expires May 7, 1985
(Seal)

OFFICIAL SEAL
HENRY BARROS
NOTARY PUBLIC - CALIFORNIA
IMPERIAL COUNTY
My comm. expires MAY 7, 1985
124 S. Sorensen Ave., Calipatria, CA 92233

Juanita Glennon
Signature of Applicant

3251 Neosho Rd. S.D. Calif
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Marriage License and Certificate for Owen Lodge-Patton and Bernadine Mann were married. July 5th, 1938 in Yuma, Arizona. Viewed by V.S.

APR 23 1982

Cert of Birth for David Dean Patton born 5-13-43 in Brawley, CA to Owen Lodge Patton and Bernadine Mann. Viewed by V.S.

366-220-006-613 Amended child's given names, 05-30-02, RDF

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 84128

Primary Registration District No. 2195 Registered No. 680

FULL NAME OF CHILD Vilo Jean Cooper

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Cooper	FULL MAIDEN NAME	Ellen Eliza Watts
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 50 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 10/26 1920 M. C. McKinnon Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/2002

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } SS.

Certificate No. #1920-84128
Date Filed 10/26/1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)

for UNNAMED COOPER (FEMALE) (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on OCT. 20, 1920 (Date of Event)

in STERLING, IDAHO (BINGHAM) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED COOPER	VILO JEAN COOPER

Subscribed and sworn to before me this 24th day of May, 2002.

Notary Public, Elma Lutzen
Residing at Boise, Idaho
My commission expires 5/25/2003
(Seal)

x Vilo Jean Hatch
Signature of Applicant
x 6225 TWIN SPRINGS DR, BOISE ID 83709
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS.

(Must be completed ____)
(Is not necessary Y)

The undersigned does solemnly swear that he ~~has knowledge of the facts as set forth~~ above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

DAUGHTER'S BIRTH CERTIFICATE #1941-317830 GIVES NAME AS JOYCE ELLEN HATCH BORN JULY 16, 1941 IN BLACKFOOT, IDAHO. MOTHER'S NAME GIVEN AS VILO JEAN COOPER. VIEWED BY VS

Marriage certificate, dated August 29, 1940, states brides name as Vilo Jean Cooper

249 - 208 - 006 - 595

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

Registration District No. 116 File No. 84129

No. ..... St.

Primary Registration District No. 2195 Registered No. 595

Hospital .....

FULL NAME OF CHILD Lorine Smith

Sex of Child female | Twin Triplet or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 8 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Eddins Smith	FULL MAIDEN NAME	Annie Nielsen
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	white	AGE AT LAST BIRTHDAY (Years)	36
COLOR	white	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon MD

Physician
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Oct 16 1920 M. C. MacKinnon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-206-006-964

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling — Registration District No. 116 — File No. 84130

No. ____ St. — Primary Registration District No. 2193 — Registered No. 598

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Oct. 6 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hernandez Dremo	Leoncia Rodriguez
RESIDENCE	Sterling Ida	Sterling Ida
COLOR	Mexican	Mexican
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Mexico	Mexico
OCCUPATION	Farm Laborer	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mortensen, MD

Physician (Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 10/7 19 20 M. C. Mortensen Registrar

812-110-016-86

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Sublett

Registration District No. 119

File No. 84131

No. ..... St.

Hospital At Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD RAYMOND ALVIN HASKELL

Sex of Child: Male

Twin, Triplet or other? ..... and Number in order of birth .....
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Oct (Month) 10 (Day) 1920 (Year)

FATHER

FULL NAME: Raymond L. Haskell

RESIDENCE: Sublett Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Newton Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah Horn

RESIDENCE: Sublett Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Sublett Idaho

OCCUPATION: House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M. on the date above stated.

(Signature) L I Slater M.D.

(Physician or midwife)

Address Malta Idaho

Filed Oct 6 1920 Nov 1

L I Slater
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Power } ss.

Certificate No. 84131
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for R (Name on original certificate) who (Was born or died) on (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Haskell	Raymond Alvin Haskell

Subscribed and sworn to before me this 11th
day of December, 1941

Notary Public, residing at American Falls, Idaho
My commission expires February 10, 1945
[SEAL]

Signed Raymond Levi Haskell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rockland, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 23 1941

253-112-016-291

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

name added 11/21/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

Registration District No. 119

File No. 84132

No. ..... St.

Hospital at home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Earl Ray Kelley

Sex of Child Male | Twin Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 12 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Sebastian C Kelley	FULL MAIDEN NAME Agnes Bradburg
RESIDENCE Albion Idaho	RESIDENCE Albion Idaho
COLOR White	AGE AT LAST BIRTHDAY 50 (Years)
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Richmond Utah
OCCUPATION Farmer	OCCUPATION House-wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. C. I. Slater

(Physician or midwife)

Address Malta Idaho

Filed Nov Dec 6 1920

C I Slater Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-11-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OCT 2 1979

State of _____ } ss. Bureau of Vital Statistics
County of _____

Certificate No. 84132
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Kelley (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 12, 1920 (Date of Event)

in Albion (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Earl Ray Kelley

Subscribed and sworn to before me this 27th day of September, 1979.
Notary Public Connie Jo Jones
Residing at Burley Idaho
My commission expires 6-8-82
(Seal)

Earl Ray Kelley
Signature of Applicant
Burley Idaho Rt 3 Box 34
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Cassia

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of September, 1979
Notary Public Connie Jo Jones
Residing at Burley Idaho
My commission expires 6-8-82
(Seal)

Agnes Kelley Meyer
Supporting Signature
1342 Elba Ave Burley Sister Idaho
Street Address, City, State

Family Bible record gives name as Earl Roy Kelley born Oct 12, 1920. viewed by V. S.
Daughter's birth certif on file in Idao # 360928 name given asn Ellen LaRae Kelley. born Oct 13, 1942. father's name as Earl RayKelley. mother's name as Carrie Ellen Bortz. viewed by V. S.

NOV 21 1979

253-106-009+453

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Ida

Registration District No. ..... File No. 84134

No. x x x x St.

Primary Registration District No. ..... Registered No. .....

Hospital x x x x

FULL NAME OF CHILD Donald Rodney Seleski

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	Single		3d	yes	Oct 6 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Max E Seleski	FULL MAIDEN NAME	Alma Ina Decker
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Saginaw Mich	BIRTHPLACE	Marshfield Wis
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 6, 1920 at 6:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier MD
Laclede, Idaho
(Physician or midwife)

Given names added from a supplemental report.

x x x x x 19

x x x x x
Registrar

Address Laclede Idaho

Filed Oct 13 1920 F W Didier
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-3060191

236-119-009-291

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of PRIEST RIVER, IDAHO Registration District No. 85 File No. 84135

No. ..... St.

Primary Registration District No. 2185 Registered No. 43

Hospital .....

FULL NAME OF CHILD Fred Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	Elmer stone	FULL MAIDEN NAME	Teresa Kramer
RESIDENCE	PRIEST RIVER, IDAHO	RESIDENCE	PRIEST RIVER, IDAHO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis.	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address PRIEST RIVER, IDAHO

Filed Nov. 1 1920

C. P. Getzloff
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

City of [illegible] Registration District No. [illegible] File No. 84135

No. _____ St.

Hospital _____ Primary Registration District No. [illegible] Registered No. 43

FULL NAME OF CHILD [illegible]

Sex of Child	Twin Triplet or other?	Number and order of birth	Legitimate	Date of Birth	Oct. 17	20
	(To be answered only in event of plural births)		Yes	(Month)	(Day)	(Year)

	FATHER	MOTHER
FULL NAME	[illegible]	[illegible]
RESIDENCE	[illegible]	[illegible]
COLOR	[illegible]	[illegible]
AGE AT LAST BIRTHDAY	[illegible] (Years)	[illegible] (Years)
BIRTHPLACE	[illegible]	[illegible]
OCCUPATION	[illegible]	[illegible]

Number of child of this mother, including present birth [illegible] Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible] at [illegible] M. [illegible] (Born alive or stillborn)

(Signature)

(Physician or midwife)

When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Address

Filed [illegible] 1940

Registrar

Registrar

DEC 2 1941

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH CHARGE INK—THIS IS A CERTIFICATE OF BIRTH

[illegible]

319-114-005-718

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River, Ida. Registration District No. 83 File No. 84136

No. ..... St.

Primary Registration District No. 2/83 Registered No. 42

Hospital .....

FULL NAME OF CHILD Benjamin Watson Carpenter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Octv 14 1920

FATHER	MOTHER
FULL NAME: Geo. Carpenter	FULL MAIDEN NAME: Arlie Payne
RESIDENCE: Priest RIVER. Ida.	RESIDENCE: Priest River
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Iowa.	BIRTHPLACE: Iowa.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.45 P M. on the date above stated.

(Signature) C P Gehlhoff

(Physician or midwife)

Address .....

Filed Oct 19 20

C P Gehlhoff
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-209-009-759

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of ~~PRIEST RIVER, IDAHO~~ Registration District No. 85 File No. 184137

No. ..... St.

Primary Registration District No. 2185 Registered No. 41

Hospital .....

FULL NAME OF CHILD Arlie Jean Randall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Oct 9 1920 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Chas Ross Randall	FULL MAIDEN NAME	Novella Person
RESIDENCE	PRIEST RIVER, IDAHO	RESIDENCE	PRIEST RIVER, IDAHO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	N.D.	BIRTHPLACE	Wash.
OCCUPATION	Principal od School	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzlaff

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address PRIEST RIVER, IDAHO

Registrar

Filed Nov 1 1920 19

C. P. Getzlaff
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1971

613-206-009-513

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of ~~PRIEST RIVER, IDAHO~~ Registration District No. 85 File No. 84138

No. ..... St.

Hospital ..... Primary Registration District No. 2185 Registered No. 40

FULL NAME OF CHILD Mary Falsetto

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 6 1920

FATHER	MOTHER
FULL NAME: Henry Falsetto	FULL MAIDEN NAME: Anna Nacaratto
RESIDENCE: PRIEST RIVER, IDAHO	RESIDENCE: PRIEST RIVER, IDAHO
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.45 A M. on the date above stated.

(Signature) C. J. Gehlhoff

Physician
(Physician or midwife)

Address PRIEST RIVER, IDAHO

Filed Nov 1 1920 19

C. J. Gehlhoff
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

698-122-009-285

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonner

CERTIFICATE OF BIRTH

City of PRIEST RIVER, IDAHO Registration District No. 85 File No. 84139

No. ____ St.

Primary Registration District No. 2185 Registered No. 84

Hospital ____

FULL NAME OF CHILD Andrew Elbert Fry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 22 1920

FATHER	MOTHER
FULL NAME: Ellis Fry	FULL MAIDEN NAME: Anvilla Sheriff
RESIDENCE: PRIEST RIVER, IDAHO	RESIDENCE: PRIEST RIVER, IDAHO
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Wash.	BIRTHPLACE: Mich.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.05 P. M. on the date above stated.

(Signature) C P Gehlhoff

Physician (Physician or midwife)

Address PRIEST RIVER, IDAHO

Filed Nov 1 1920 19

C P Gehlhoff Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/10/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 363-202-011-236

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 71

Primary Registration District No. 2156

File No. 84140

Registered No. .....

FULL NAME OF CHILD Phylise Evelyn Colley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Oct 2nd 1920

FATHER		MOTHER	
FULL NAME	Frank Colley	FULL MAIDEN NAME	Gladys Stockley
RESIDENCE	Bromsgrove Worcestershire England	RESIDENCE	Bonners Ferry Idaho
COLOR	Fair	COLOR	Fair
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bromsgrove Worcestershire England	BIRTHPLACE	Smethwick Birmingham England
OCCUPATION	mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 mid. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Lancett

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry Idaho

Filed Oct. 4 1920.

E E Fry
Registrar

Registrar

[redacted]

MAR 3 1 1975

289-106-911-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of McArthur

No. ..... St.

Hospital .....

Registration District No. 79 File No. 84141

Primary Registration District No. 715 Registered No. .....

FULL NAME OF CHILD LESLEY CARL SHIRTS

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes.	Oct. 6th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lesley James Shirts	Ruth Harward
RESIDENCE	McArthur, Ida	McArthur, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	Wyoming	Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M. (Born alive or stillborn) on the date above stated.

(Signature) E E Fry.
Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed Oct. 6 th 1920. E E Fry.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BLAINE. }

Certificate No. 84141
Date Filed FEB 2 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for Unnamed Shirts (Name on original certificate) who born (Was born or died) on Oct. 6 — 1920 (Date of event)
in McCarthur Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Boundary Co. Files (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Shirts	Lesley Carl Shirts

Subscribed and sworn to before me this 29
day of January, 1942.
R.V. McCoy
Notary Public, residing at Hailey Ida
My commission expires 3-31-'43
[SEAL]

Signed Lesley L Shirts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Hailey Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BLAINE. }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of January, 1942.
R.V. McCoy
Notary Public, residing at Hailey Idaho
My commission expires 3-31-'43
[SEAL]

Signed Ruth L Shirts
(Signature of any credible person other than the previous affiant.)
Hailey Idaho
(Street Address, City, State)

Received for filing on FEB 2 1942 By
(Registrar's signature)

866-116-011-362

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 84142

No. ..... St.

Primary Registration District No. 2156. Registered No. .....

Hospital .....

FULL NAME OF CHILD Gilbert Carl Koffel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	Oct. 16th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion Leroy Koffel	Josephine Losh.
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Ohio	Idaho.
OCCUPATION	Woodsman	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct. 16 1920. E. E. Fry.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

228-217-011-445

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 84143

Primary Registration District No. 3156 Registered No. .....

FULL NAME OF CHILD Betty Ann Shyrand.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct. 17th 1920

FATHER		MOTHER	
FULL NAME	Clarence H. Shyrand	FULL MAIDEN NAME	Lily M. Deming.
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Maine.	BIRTHPLACE	Maine.
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.53 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

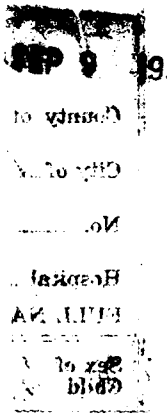
Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 17th 1920. E. E. Fry.

Registrar


955

319-111.-011-313

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79 File No. 84144

No. ..... St.

Hospital Bonners Ferry Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Robert Leroy Carmichael

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Oct. 11th 1920.

FATHER		MOTHER	
FULL NAME	Leroy M. Carmichael	FULL MAIDEN NAME	Aylia Talmadge
RESIDENCE	Eastport, Ida	RESIDENCE	Eastport, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	Railway clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.20 P. M. on the date above stated.

(Signature) E E Fry

Physician (Physician or midwife)

Address Bonners Ferry, Ida

Filed Oct 15th 1920 E E Fry Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9, 1942

452-119-011-731

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84145

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital Bonners Ferry

Registration District No. 79 File No. .....

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Robert Lloyd Meserve

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct. 19th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Meserve	FULL MAIDEN NAME	Alta Plato
RESIDENCE	Colborn, Ida	RESIDENCE	Colborn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida

Filed Oct. 22nd 1920. E. E. Fry Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/13/41/ EA

755-120-011-255

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79. File No. 84146

No. ..... St.

Hospital Bonners Ferry

Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Leo Raymond Gentry.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	yes	Oct. 20th 1920. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mack Gentry	FULL MAIDEN NAME	Lucile Bennett
RESIDENCE	Addie, Ida.	RESIDENCE	Addie, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Fawcett

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed Oct. 23 1920. E. E. Frey. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-221-011-743

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Copeland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79. File No. 84148

Primary Registration District No. 216. Registered No. .....

FULL NAME OF CHILD Norine Olive Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct. 21st 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter E. Smith	Della Guthrie
RESIDENCE	Copeland, Ida.	Copeland, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Wash	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.40 P. M. on the date above stated.

(Signature) E E Terry

Physician.

(Physician or midwife)

Address Bonners Ferry, Ida

Filed Oct. 21st. 1920 E E Terry Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

AUG 31 1949

445-223-011-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 79. File No. 84149

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Minerva ~~[illegible]~~ JANE Dunn -

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Oct. 23rd, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Wm Dunn.	FULL MAIDEN NAME	Laura May Smith
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30.	AGE AT LAST BIRTHDAY (Years)	26.
BIRTHPLACE	Oregon	BIRTHPLACE	Wash.
OCCUPATION	Woodsman	OCCUPATION	Housewife -

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bonners Ferry, Ida.

Filed Oct. 25th 1920. E. E. Fry
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boundary

Certificate No. 84149
Date Filed APR 1 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Minerva Jane Dunn (Birth or Death)
for _____ (Name on Original Certificate) who Born (Was Born or Died) on Oct 23 - 1920 (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Minerva Marie Dunn	Minerva Jane Dunn

Subscribed and sworn to before me this 31st day of March 1942

E B Schlitt
~~Notary Public~~, residing at PROBATE JUDGE BONNERS FERRY, IDAHO
My Commission Expires _____
My commission expires 2nd Monday January 1948.
(Seal)

Signed Lora May Dunn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bonners Ferry Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Boundary

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March 1942

E B Schlitt
~~Notary Public~~, residing at PROBATE JUDGE BONNERS FERRY, IDAHO
My Commission Expires _____
My commission expires 2nd Monday January 1948.
(Seal)

Signed Charley W. Dunn
(Signature of Any Credible Person Other Than Previous Year)

Bonners Ferry Idaho
(Street Address, City, State)

294-124-011-751

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry Registration District No. 29 File No. 84150

No. ____ St.

Primary Registration District No. 2156 Registered No. ____

Hospital ____

FULL NAME OF CHILD James Gordon Bruce-

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male-	—	—	Yes.	Oct. 24 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Burns Bruce	Lenora Pearson-
RESIDENCE	Bonners Ferry, Ida-	Bonners Ferry, Ida-
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Idaho-	Kansas-
OCCUPATION	Laborer (Sawmill)	Housewife-

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed Oct. 24th 20. E. E. Fry

Registrar

349-113-011-295

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No. 84151

No. ..... St.

Primary Registration District No. 256 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas George Currey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude Currey	FULL MAIDEN NAME	Rita Kincaid
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Arizona
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Faucett

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry Ida

Filed Oct 15th 1920.

E. E. Fry
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1973

595-105-012-214

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 59 File No. 84152

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Grover William Nielsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				Yes	10	6	19 20

FATHER

FULL NAME: Antone Nielsen

RESIDENCE: Arco Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Denmark

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Letha May Samworth

RESIDENCE: Arco Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Arco Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 24 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Arco Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10 6 20 19

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss. JAN 28 1942 Certificate No. 84152

County of Ravalli } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Grover William Nielsen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 5, 1920. (DATE OF EVENT)

in Arco, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Statement of parent (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Nielsen	Grover William Nielsen

Subscribed and sworn to before me this 27th day of January, 19 42

Signed Anthony Nielsen (Father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Anthony Hork
County Clerk and Recorder, Ravalli Co.,
~~Notary Public, residing at~~
Mont'm By
~~My commission expires~~ By Anna M. Wagner
(SEAL) Deputy

Corvallis, Montana
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.

County of Ravalli

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 19 42.

Signed Leitha May Nielsen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Anthony Hork, County Clerk & Recorder
~~Ravalli County, State of Montana,~~
~~Notary Public, residing~~ at By Anna M. Wagner
~~My commission expires~~ Depy
(SEAL)

Corvallis, Montana
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By
(REGISTRAR'S SIGNATURE)

FEB 2 1942

NOV 6 1962

NOV 9

OCT 11 1963

295-107-012-635

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Butte

City of Bernice

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 84153

Primary Registration District No. 129 Registered No. .....

FULL NAME OF CHILD Eva [illegible] King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Oct. 7 1920

	FATHER	MOTHER
FULL NAME	Edgar Bimie King	FULL MAIDEN NAME Olive Fleming
RESIDENCE	Bernice	RESIDENCE Bernice
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Arkansas
OCCUPATION	Merchant	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

(Signature) [illegible]

(Physician or midwife)

Address Arco, Idaho

Filed Oct 27 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

LC 3/26/4 · RMF

959 - 211 - 012 - 463

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BUTTE

City of ARCO

No. ..... St.

Registration District No. ..... File No. 84154

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Reid

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
FEMALE			YES	10 - 11 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: LEE EMMET ~~REED~~ REID	FULL MAIDEN NAME: VERDA MOLEN
RESIDENCE: ARCO IDAHO	RESIDENCE: ARCO IDAHO
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: PAYETTE UTAH	BIRTHPLACE: MAPLETOWN UTAH
OCCUPATION: CARPENTER	OCCUPATION: HOUSEWIFE

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ALIVE (Born alive or stillborn), at 7:30 A M. on the date above stated.

(Signature) [signature]

PHYSICIAN
(Physician or midwife)

Address ARCO IDAHO

Filed 10 12 19 20

[signature]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 84154

Date Filed APR 15 '47

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for ____ (NAME ON ORIGINAL CERTIFICATE) who ____ (WAS BORN OR DIED) on ____ (DATE OF EVENT)

in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Reed	Norma Reid
name of father	Lee Emmett Reed	Lee Emmett Reid

Subscribed and sworn to before me this 14th day of April, 19 47

Jessie A. Rice

Notary Public, residing at Pocatello, Idaho

My commission expires June 25, 1945

(SEAL)

Signed Lee Emmett Reid

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Father - Pocatello, Ida.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of April, 19 47

Jessie A. Rice

Notary Public, residing at Pocatello, Idaho

My commission expires June 25, 1945

(SEAL)

Signed Verda McLew Reid

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Mother -

P.O. Box 922, Pocatello, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____

(REGISTRAR'S SIGNATURE)

APR [illegible] 0 194[illegible]

236 - 220-012 -115

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH Name added 9/20/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Howe

Registration District No. [illegible] File No. 84155

No. ..... St.

Primary Registration District No. [illegible] Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois Elverine Blood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				10	20	1920

FATHER	MOTHER
FULL NAME: Enis Edwin Blood	FULL MAIDEN NAME: Lydia Ames
RESIDENCE: Howe [illegible] Idaho	RESIDENCE: Howe Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Savaria Co Utah	BIRTHPLACE: Bingham Co Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7:30P M. on the date above stated.
(Born alive or stillborn)

(Signature) [signature]

Physician
(Physician or midwife)

Address Arco, Idaho

Filed 10/21 19 20

[signature]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 15 8 38 AM '79

State of _____
County of _____ } ss.

Certificate No. 84155
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Blood (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/20/20 (Date of Event)

in Howe, Idaho (Blaine) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Blood	Lois Elverine Blood

Subscribed and sworn to before me this 10th day of August, 19 79

Notary Public, Margaret D. Davis

Residing at Boise

My commission expires Lifetime

(Seal)

x Lois E Blood, Husband
Signature of Applicant

+ Parma Idaho Box 34-83660
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own daughter's birth certif on file in Idaho #295653 child's name Sharon Elverine Harlow born Jan 6, 1940. mother's maiden name given as Lois Elverine Blood. viewed by V. S.

SEP 20 1979

Marriage License and Certif from Idaho (couple copy) gives groom's name as Carson Hurd and bride's name as Lois Harlow (maiden name as Blood) dated July 24, 1953. viewed by V. S.

155-127-012-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BUTTE

City of MOORE

No. ..... St.

Hospital .....

Registration District No. 59 File No. 84156

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD Jesse William Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	10 (Month) 27 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Walter A, Jensen	FULL MAIDEN NAME: Eliza Baird
RESIDENCE: Moore Idaho	RESIDENCE: Moore Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Ogden Utah
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:15A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Arco Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/28/20 19.....

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Custer }

Certificate No. 84156

Date Filed JAN 1 [illegible]2

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Jensen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 27th, 1920 (DATE OF EVENT)
in Moore, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L.D.S. Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Jensen	Jesse William Jensen
Jesse William Jensen		

Subscribed and sworn to before me this 16th
day of January, 19 42
Notary Public, residing at Mackay, Idaho
My commission expires October 16, 1944.
(SEAL)

Signed Eliza B. Jensen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Mackay, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Custer }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of January, 1942
Notary Public, residing at Mackay, Idaho
My commission expires October 16, 1944.
(SEAL)

Signed Norma J. McKinley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Mackay, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By
(REGISTRAR'S SIGNATURE)

JAN 9 1942

FEB 2 1 1985

437-127-012-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St.

Hospital .....

Registration District No. 50 File No. 84157

Primary Registration District No. 2129 Registered No. .....

FULL NAME OF CHILD James Robert McGee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 27 1920

FATHER	MOTHER
FULL NAME: Harvey Thomas McGee	FULL MAIDEN NAME: Ina Carwin
RESIDENCE: Darlington Idaho	RESIDENCE: Darlington Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Sapahoe, Nebraska	BIRTHPLACE: Essex, Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 11 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Arco Idaho

Filed 10 28 19 20 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Butte

Certificate No. 84157

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Robert MCGee (Name on Original Certificate) who Born (Was Born or Died) on Oct 27,1920 (Date of Event)
in Arco,Idaho (Place of Event) are ~~XXXXXX~~s or were omitted; and that, to the best of his knowledge, the
true facts are shown by Incomplete Birth Rec (Bible Record, Insurance Policy, Etc.) prepared on Oct 27,1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	James Robert McGee

Subscribed and sworn to before me this 20th
day of June, 1942
Notary Public, residing at Sterling Colo.
My commission expires My Commission expires December 16, 194[illegible]
(Seal)

Signed Mrs. A. J. McGee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Proctor, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of July, 1942
J. W. Wilbur
Notary Public, residing at Hailey, Blaine County, Idaho---
My commission expires April 18-1943
(Seal)

Signed E. W. Fox
(Signature of Any Credible Person Other Than Previous Year)
Attending Physician
Hailey, Idaho
(Street Address, City, State)

JUL 11 1942

JUL 13 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-218-014-297 [redacted]

County of Canyon

City of Nampa

Registration District No. 7

File No. 84158

No. 1019 - 12th Ave So

Primary Registration District No. 2006

Registered No.

Hospital

FULL NAME OF CHILD Lois ~~Kathryn~~ Kathrin Gott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 18 1916 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank L Gott	FULL MAIDEN NAME	Myra Bigelow
RESIDENCE	Quartzburg Ida	RESIDENCE	Nampa
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	S. Dak	BIRTHPLACE	Maine
OCCUPATION	Miner	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Frank M.D.

(Physician or midwife)

Given names added from a supplemental report.

[redacted]

Regis[redacted]le Dodds Registrar

[redacted]

JAN 2 1942

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 84158

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Katheryn (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on July 19, 1920 (DATE OF EVENT)
in Nampa Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 1, 1940 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Katheryn	Lois Kathrin Gott

Subscribed and sworn to before me this 4th
day of December, 19 42
Harold C. Fatkin
Notary Public, residing at Nampa, Idaho
My commission expires 3-1-1945
(SEAL)

Signed Myra Gott
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1019 - 12 Ave So
(STREET ADDRESS, CITY, STATE) Nampa Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 5 1942

APR 14 1952

NOV 7 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Nampa

No. Diamond St.

Hospital

Registration District No. 7

Primary Registration District No. 1006

File No. 84159

Registered No.

FULL NAME OF CHILD Thomas Junior Kirkham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Y. Kirkham	FULL MAIDEN NAME	Mary J. Smith
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	[redacted]
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Miller	OCCUPATION	HW

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 [redacted] on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Fink M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov. 10 1920 Pearle Dodds

Registrar

[redacted]

FEB 25 1974

[redacted]

995-118-014-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 208 - 11th Ave / So

Hospital

Registration District No. 7

File No. 84160

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Jack Riendeau

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Willie Jos. Riendeau	FULL MAIDEN NAME	Marigold Ruth Mooney
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Plumber	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov. 10 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-220-014-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 84161

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Mabel McClintock

Sex of Child: Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: July (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm. E. McClintock	FULL MAIDEN NAME	Maud E. Batt
RESIDENCE	Missouri Nampa	RESIDENCE	Nampa
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.55 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion D. Fox M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed NOV. 10 1920 Pearle Dodds Registrar

AUG 7 1952

YEAR: 1920

FILE # 84162

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-84162 A & B NOT TWINS

314-126-014-343

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 84162A

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Wm E. Campbell Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. E. Campbell	FULL MAIDEN NAME	Martha Little
RESIDENCE	Nampa Ida	RESIDENCE	Nampa
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Montpelier Ida	BIRTHPLACE	Decatur Ills
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Fink M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 10 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

853-120-014-817

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 12th Ave No St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

Registration District No. 7 File No. 84162 B

Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Arnold Herbert Helwege

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter O. Helwege	FULL MAIDEN NAME	Ida Louise Hager
RESIDENCE	Nampa Ida	RESIDENCE	Nampa
COLOR	Wh. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 12 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov. 10 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 1942

SEP 30 1974

DECEASED

238-111-014-719

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

Registration District No. 7 File No. 24163

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Ronald Clayton Schwasinger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 11 1920

FATHER		MOTHER	
FULL NAME	Frank M Schwasinger	FULL MAIDEN NAME	Belle E Parrott
RESIDENCE	Nampa	RESIDENCE	Nampa Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Funk M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Nov 15 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Canyon } ss.

Certificate No. 84163
Date Filed 11-10-20

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Ronald Clayton Swasinger (Name on original certificate) who was born (Was born or died) on 8-11-20 (Date of event) in Nampa, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
last name	Swasinger	Schwasinger

Subscribed and sworn to before me this 29 day of October, 1941

Notary Public, residing at Nampa, Idaho

My commission expires November 5, 1943

[SEAL]

Signed Mrs Belle Schwasinger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

381-209-014-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Rt 5

Registration District No. 7

File No. 84164

No. ..... St.

Primary Registration District No. 2006

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Pauline Chambers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. E. Chambers	FULL MAIDEN NAME	Bertha M. Wilson
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed Nov. 10 1920 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1961

917 - 201 - 014 - 755

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 84165

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Joy Rosa Rapp

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | Number in order of birth | Legitimate? Yes | Date of Birth: Sept. 1 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leonard K. Rapp	FULL MAIDEN NAME	Mary Belle Pentacost
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion D. Funk M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address .....

..... Registrar

Filed Nov. 10 1920 Pearle Dodds Registrar

K

MAR 29 1967

613-124-014-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 84166

Primary Registration District No. 1806 Registered No. .....

FULL NAME OF CHILD Julian James Waller Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Julian James Waller	Ruby Hancock
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Beebe Ark	Noble Mo
OCCUPATION	Laborer	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11.43 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion D Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov. 10 1920 Pearle Dodds Registrar

JUL 2 0 1942

964-207-014-851

PLACE OF BIRTH

amended 1/27/82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7

File No. 84167

Primary Registration District No. 1006

Registered No. .....

FULL NAME OF CHILD Dorthey Evelyn Rodgers

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James F. Rodgers	FULL MAIDEN NAME	Isabell Heath
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	Wh.	COLOR	Wh
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Boise Ida	BIRTHPLACE	Glenns Ferry Ida
OCCUPATION	Laborer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion S. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Nov. 10 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1975

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 84167
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Dorothy Evelyn Rodgers (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 7, 1920 (Date of Event)

in Nampa, Idaho (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Dorothy	~~Dorthey~~

Subscribed and sworn to before me this 27 day of January, 1982

Notary Public Teresa L. Cleverly

Residing at Boise, Idaho

My commission expires April 3, 1985

(Seal)

x Dorothy E. Howell
Signature of Applicant

x 2205 East Linden, Caldwell Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Retailx Clerks International Asscc. (withdrawal card) gives name as Dorthey E. Pebley. dated February 1969. viewed by V. S. JAN 27 1982

Childs hospitla record gives name as Sandra Sue Warner born Sept. 5, 1947 in Boise, Idaho. Father's name as Frances Glenn Warner and mother;s name as Dorthey Evelyn Rodgers born Nov 7, 1920 in Nampa, Idhaø. viewed by V. S.

319 - 208 - 014 - 413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 84168

Primary Registration District No. 1906 Registered No. .....

FULL NAME OF CHILD Edith Winona Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 8 1920

FATHER		MOTHER	
FULL NAME	Moses W. Carpenter	FULL MAIDEN NAME	Eloise F. Mattison
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Germany Neb.	BIRTHPLACE	Germany Neb
OCCUPATION	Carpenter	OCCUPATION	H W

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 845 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion J. Funk MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 10 1920 Pearle Dodds

Registrar

892-122-014-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 9-8-17

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 84169

Primary Registration District No. 1906

Registered No. .....

FULL NAME OF CHILD Douglas Evan Hibbard

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 27 1920

	FATHER	MOTHER
FULL NAME	Benj Warth Hibbard	FULL MAIDEN NAME Grace E. Meredith
RESIDENCE	Nampa	RESIDENCE Nampa
COLOR	Wh	COLOR Wh
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE So Dakota
OCCUPATION	Contractor	OCCUPATION H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion P. Sink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov. 10 1920 Pearle Dodds Registrar

435-126-014-789

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 84170

No. ____ St.

Hospital Mercy Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Robert Durell McNary.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	____		____	Yes	Sept 26 1926

FATHER	MOTHER
FULL NAME Clifford Hess McNary	FULL MAIDEN NAME Grace Emily Philpott
RESIDENCE Nampa Ida	RESIDENCE Nampa Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Washington Pa	BIRTHPLACE Union Ont. Canada
OCCUPATION Creamery worker	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. V. Rose M.D.
(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

____ 19____
Registrar

Filed NOV. 16 1926 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-7-41

AUG 2 1957

391-228-014-995

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Home

Registration District No. 7

Primary Registration District No. 1006

File No. 84171

Registered No. .....

Full Name of Child Estelle Craig

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female		Yes	Sept 28 1920

FATHER		MOTHER	
FULL NAME	Herane D. Craig	FULL MAIDEN NAME	Dena Zuderdinn
RESIDENCE	8th Ave - 11 St S.	RESIDENCE	8th Ave - 11 St S.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kentucky	BIRTHPLACE	La Grande Oregon
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Horace P Belknap

Nampa D Cdy

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Nov 9 1920 Pearle Dodds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RE[illegible] of each, in order of birth stated.

SEP 14 1953

128-202-014-895

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Home

Registration District No. 7

Primary Registration District No. 1006

File No. 84172

Registered No. .....

Full Name of Child Jewel Grace ASHBOURNE

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 2 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME James T. ASHBOURNE	FULL MAIDEN NAME Fern Hinkley
RESIDENCE 314-14 Ave S.	RESIDENCE 314-14 Ave S.
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Butte, Montana	BIRTHPLACE Plattsburg Mo.
OCCUPATION Grocer, man.	OCCUPATION Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Horace P. Belknap

Nampa Id Bldg.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed Nov. 10 1920 Pearle Dodds

Registrar

N. B.—In case of more than one child at birth, [illegible] of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Boise }

Certificate No. 84172

Date Filed 1920

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Jewel Grace Ashbourne (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on October 2, 1920 (DATE OF EVENT)
in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on September 21, 1931 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Jewel Grace Ashborne	Jewel Grace Ashbourne
father's name	James T. Ashborne	James C. Ashbourne

Subscribed and sworn to before me this 29
day of January, 1944.

Irene Criswell

Notary Public, residing at Long Beach, Calif.

My commission expires April 22, 1945
(SEAL)

Signed J. C. Ashbourne
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

330 W. 19th St. Long Beach, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of January, 1944.

Irene Criswell

Notary Public, residing at Long Beach, Calif.

My commission expires April, 22, 1945
(SEAL)

Signed Elsa Ashbourne
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

330 W. 19th St. Long Beach, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 3 1944

FEB 2 0 1976

962-123-014-445

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital X

Registration District No. 7

File No. 84173

Primary Registration District No. 2006

Registered No. .....

Full Name of Child Martin Luther Robinson

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther B. Robinson	FULL MAIDEN NAME	Emma Dunn
RESIDENCE	7th St + 19 Ave	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Horace P Belknap

Nampa D Bldg.
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Registrar

Filed Nov. 10 1920 Pearle Dodds
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...RESERVED FOR BINDING

819 - 210 - 014 - 819

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital Mercy

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 8417

Primary Registration District No. 1006 Registered No. ____

Full Name of Child Marie Harada

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F	Twin		First	Yes	9 - 10 - 1926

FATHER	MOTHER
FULL NAME Harry Matsujawa (before marriage) Harry Harada (after marriage)	FULL MAIDEN NAME Yukuwe Harada
RESIDENCE Nampa	RESIDENCE Nampa
COLOR Yellow-Brown AGE AT LAST BIRTHDAY 37 (Years)	COLOR Yellow-Brown AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Cook	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. C. Robinson

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19....

Registrar

Filed Nov. 10, 1926 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1953

819-210-014-819

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Mercy

Registration District No. 7

File No. 84175

Primary Registration District No. 1006

Registered No. .....

Full Name of Child Bulah Harada

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
F	twin		Second	yes	9 - 10 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Mahayawa (before Marriage) Harry Harada (after Marriage)	FULL MAIDEN NAME	Yukuwe Harada
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	Yellow-Bronz	COLOR	Yellow Bronz
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H C Robinson

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Nampa Idaho

Filed Nov. 9 1920 Pearle Dodds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463-201-014-563

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1615 8th St.

Hospital Mercy

Registration District No. 7 File No. 84176

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD Helen Bernice Motzko

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank James Motzko	FULL MAIDEN NAME	Martha Viola Voekmer
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Avon Minnesota	BIRTHPLACE	Burlington Iowa
OCCUPATION	Clerk	OCCUPATION	Stenographer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. A. Kellogg

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov. 10 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1972

241-127-014-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Canyon
City of Nampa
No. ____ St.
Hospital ____

AMENDED 1/15/46

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 84178
Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Robert Vincent Smalley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 - 27 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Floyd Smalley	FULL MAIDEN NAME	Doreas Whitmore
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Auto Top Repairs	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton, M. D.
(Physician or midwife)

Address Nampa, Ida.

Filed Nov. 10, 1920 Pearle Dodds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1946

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 84178
Date Filed 12/29/46

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for VINCENT SMALLEY (Name on Original Certificate) who WAS BORN (Was Born or Died) on Oct. 27, 1920 (Date of Event) in NAMPA, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Vincent Smalley	Robert Vincent Smalley

Subscribed and sworn to before me this 9th day of January, 1946

G. Merriam
Notary Public, residing at 1415 Davy

My commission expires Jan 29, 1946
(Seal)

Signed Mrs Dorcas Smalley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1227 V Sacramento Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Sacramento } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of January, 1946

G. Merriam
Notary Public, residing at 1415 Davy

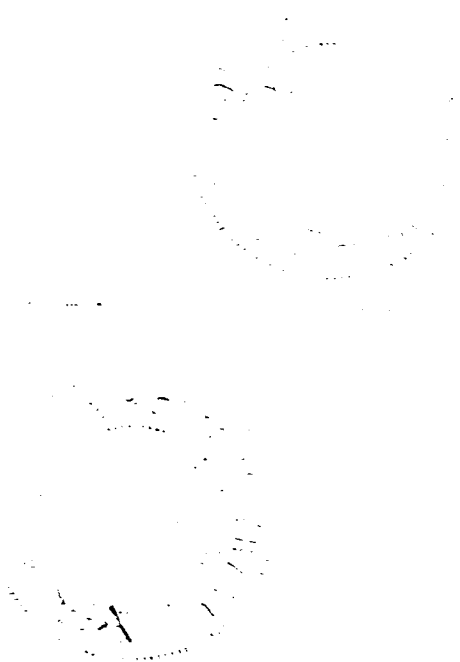
My commission expires Jan 29, 1946
(Seal)

Signed Audrey Ubaldi
(Signature of Any Credible Person)

1227 V Street Sacramento Calif.
(Street Address, City, State)

JAN 16 1949

JAN 28 1949



793 - 214 - 014 - 238

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R#1 St.

Hospital —

Registration District No. 7 · File No. 84179

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD Katherine Gillesby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	10 14 1920

FATHER		MOTHER	
FULL NAME	Robt Alva Gillesby	FULL MAIDEN NAME	Orpha Schindler
RESIDENCE	R#1 Nampa	RESIDENCE	R#1 Nampa
COLOR	Wht.	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chelton

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Nov 10 1920 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.
MARGIN RESERVED FOR BINDING

469 - 215 - 014 - 861

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Sugar One St.

Hospital

Registration District No. 7 File No. 84180

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Mary Doris Not-named Morgan

Sex of Child Female | Twin, Triplet or other? ~ | and | Number in order of birth ~ | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10 (Month) - 15 (Day) - 1920 (Year)

FATHER

FULL NAME Ed Morgan

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Foreman Nampa Elevator Co

MOTHER

FULL MAIDEN NAME Mauda Hoalst

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) Leo W. Chilton M.D.

(Physician or midwife)

Address Nampa Ida

Filed Nov. 16 1920 Pearle Dodds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon

Certificate No. 84180
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Morgan (Name on Original Certificate) who was born (Was Born or Died) on 10-15-20 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by High School Diploma (Bible Record, Insurance Policy, Etc.) prepared on May 18, 1939 (Give Date), are: Child's Birth Cert. #416417 1-10-46

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of chile	unnamed Morgan	Mary Doris Morgan

Subscribed and sworn to before me this 26th day of March, 1957

Wm. F. Gigray, Jr.
Notary Public, residing at Caldwell, Idaho
My commission expires May 20, 1958
(Seal)

Signed E. H. Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1055 Garrity Blvd
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 1957

Wm. F. Gigray, Jr.
Notary Public, residing at Caldwell, Idaho
My commission expires May 20, 1958
(Seal)

Signed Preston Robert Nicholas
(Signature of Any Credible Person)

Box 549 Caldwell, Idaho
(Street Address, City, State)

DPH 52.155

863 - 101 - 014 - 755

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 225 - 13th Ave So

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 84181

Primary Registration District No. 1006 Registered No.

Full Name of Child Cyrus Holden Jr.

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male			yes	Nov 1 20

FATHER		MOTHER	
FULL NAME	Cyrus H. Holden	FULL MAIDEN NAME	Lydia Bentzel
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Employee O.S.L. R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo M. Chilton M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19....

Registrar

Filed Nov. 10 1920 C. Earle Dodds

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 28 1942

652-104-04-25-5

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Rural St.

Hospital

Registration District No. 7

Primary Registration District No. 2006

Form V. S. No. 1—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 84182

Registered No.

Full Name of Child ROLLAND LaVARE Wesson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	X	X	Yes	Oct 4 1920

FATHER		MOTHER	
FULL NAME	Lloyd Wesson	FULL MAIDEN NAME	May Kingrey
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Filed Nov. 10 1920 Pearle Dodds
Registrar

Given names added from a supplemental report

.....19....

.....
Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the sequence of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of

Certificate No. 84182
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)

for (Name on original certificate) who (Was born or died) on (Date of event)

in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Rolland LaVare Wesson

Subscribed and sworn to before me this 16 day of Dec, 1941

Notary Public, residing at

My commission expires

[SEAL]

Signed J H Murray M D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires

[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JAN 13 1942

DEC 23 1941

814-108-014-791

PLACE OF BIRTH

Amended 10-28-55

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Canyon

City of Nampa

No. 309 - 21st Ave. So. St.

Registration District No. 7

File No. 84183

Hospital

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Phillip Eugene Hauck
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Oct. 8, 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Carl P. Hauck	FULL MAIDEN NAME: Lulu May Prather
RESIDENCE: Nampa, Idaho	RESIDENCE: Nampa, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: California
OCCUPATION: R. R. Fireman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician
(Physician or midwife)

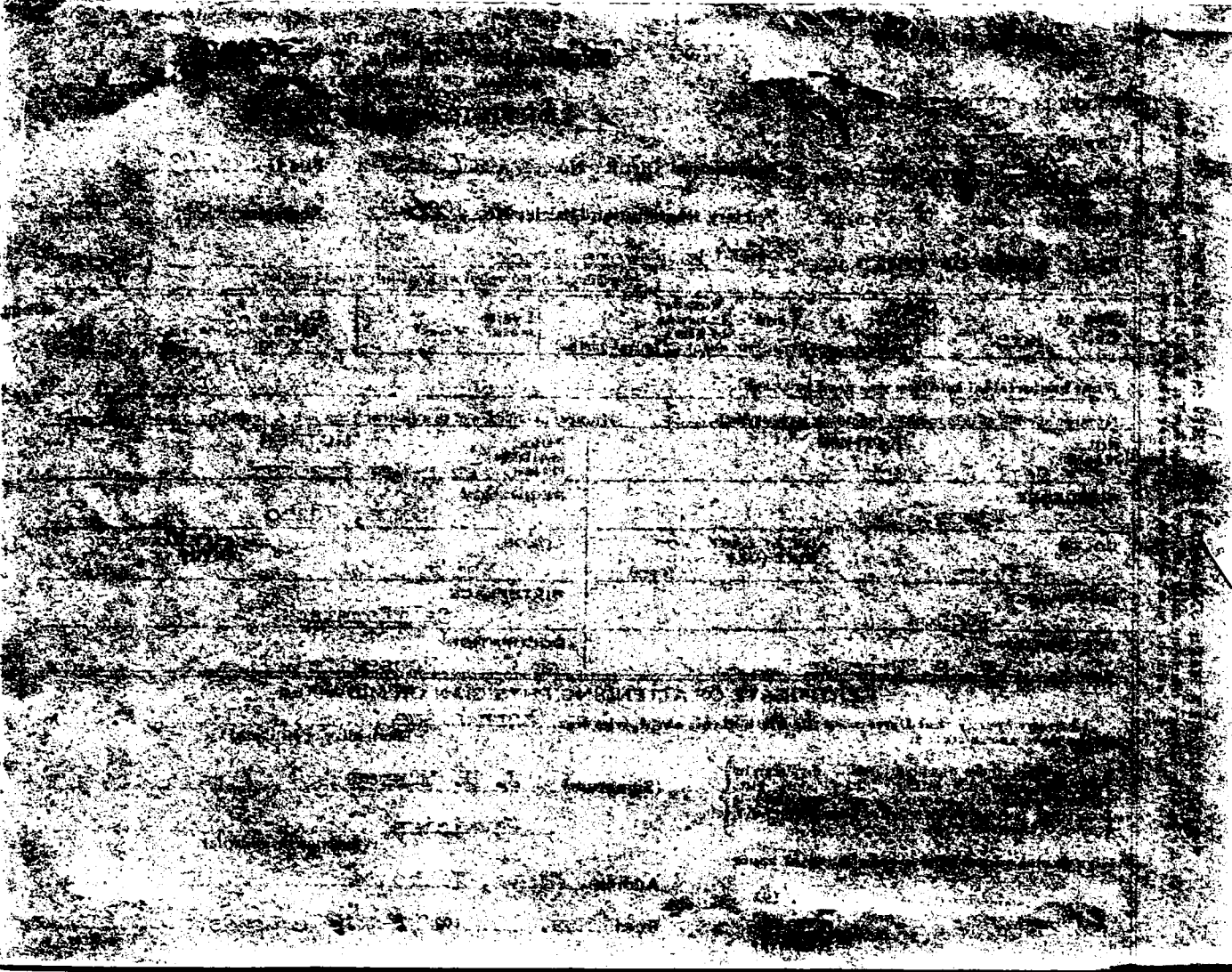
Address Nampa, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Nov. 10 1920 Pearle Dodds
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84183
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Hauck (Name on Original Certificate) who born (Was Born or Died) on October 8, 1920 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy Marriage License (Bible Record, Insurance Policy, Etc.) prepared on April 1, 1940 April 24, 1945 (Give Date), are: Viewed by Div. of Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	missing	Phillip Eugene Hauck

Subscribed and sworn to before me this 27th day of October, 1955

Notary Public, residing at Conn H Stanley
My commission expires 2/1/56
(Seal)

Signed Phillip E. Hauck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

444 So. Johnson Pocatello, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1955

Notary Public, residing at Conn H Stanley
My commission expires 2/1/56
(Seal)

Signed Beverly L. Hauck
(Signature of Any Credible Person)

444 So. Johnson Pocatello, Idaho
(Street Address, City, State)

DPH 52.155

466-117-014-6

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 423, 20th Ave S St.

Hospital

City

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 84184

Primary Registration District No. 1006

Registered No.

Full Name of Child RONALD EARL Moorhouse

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	X	X	yes	Oct 17 20

FATHER		MOTHER	
FULL NAME	Harold W. Moorhouse	FULL MAIDEN NAME	Myrtle Ogle
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	Grocer Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

....., 19....

Registrar

Filed Nov. 18, 1920 Pearle Dodds

Registrar

NOTE—If more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 8 4 1 8 4

JAN 16 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for Ronald Earl Moorhouse (NAME ON ORIGINAL CERTIFICATE) who Oct. 17 (WAS BORN OR DIED) on 1920 (DATE OF EVENT)
in Nampa Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No Name	Ronald Earl Moorhouse

Subscribed and sworn to before me this 16th day of Jan., 19 42.

F B Schaefer

Notary Public, residing at Boise Idaho

My commission expires Sept 21, 1943

(SEAL)

Signed Mrs Myrtle Moorhouse Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Boise Ida 2007 N. 9th St.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Jan., 19 42.

F B Schaefer

Notary Public, residing at Boise, Idaho

My commission expires Sept. 21, 1943

(SEAL)

Signed Mr Harold Moorhouse Father

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2007 N 9th Boise

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 16 1942 By .....

(REGISTRAR'S SIGNATURE)

JAN 16 1959

731-219-014-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 800-11th Ave S. St.

Registration District No. 7

File No. 84185

Hospital

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Glancey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 19 1920

FATHER	MOTHER
FULL NAME: Kirby C. Glancey	FULL MAIDEN NAME: Pearl Ruth Chown
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY (Years): 39	AGE AT LAST BIRTHDAY (Years): 31
BIRTHPLACE: Ohio	BIRTHPLACE:
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn), at 1 A. M. on the date above stated.

(Signature) Geo K Proctor MD

(Physician or midwife)

Address

Filed NOV 10 1920 Pearle Dodds
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-124-037-469

S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneyhee

City of Wilson

Registration District No. 7 File No. 84186

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital Mercy

FULL NAME OF CHILD Charles Edward Westfall

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Albert Westfall	FULL MAIDEN NAME	Mary M. Morris
RESIDENCE	Wilson	RESIDENCE	Wilson
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa

Registrar

Filed Nov. 10 1920 Pearle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MU.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 6 3 17 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 84186

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Westfall (Name on Original Certificate) who was born (Was Born or Died) on October 24, 1920 (Date of Event) in Wilson, Idaho' (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Charles Edward Westfall

Subscribed and sworn to before me this 25th day of May, 1977

Leona W. George

Notary Public, residing at Kennewick

My commission expires Sept 29, 1979

(Seal)

Signed Mary M. Westfall.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Benton

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May, 1977

Leona W. George

Notary Public, residing at Kennewick

My commission expires Sept 29, 1979

(Seal)

Signed John L. Westfall

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Telephone call - no corresp. 12-10-76 fc

Honorable Discharge from the U.S. Army gives name as Charles E. Westfall born Oct 24. 1920 in Nampa, Idaho. date of separation Nov 7, 1945. vie d by V. S.

JUN 24 1977

Insurance policy from the Western Farm Bureau Life Ins. Co. gives name as Charles Edward Westfall. dated Apr 23,1968. Polic No. 62711. viewed by VS

533-228-014-259

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted] 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 89187

Primary Registration District No. 2004 Registered No. .....

FULL NAME OF CHILD VERLA LORAINE Elliott

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct. 28 1920

FATHER		MOTHER	
FULL NAME	Clarence E. Elliot	FULL MAIDEN NAME	Ethel ~~Pearl~~ Beresford
RESIDENCE	Melba	RESIDENCE	Melba
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 2 30 M. on the date above stated.

(Signature) Geo. R Proctor

Phys

(Physician or midwife)

Address Nampa

Filed Nov. 13 1920 Pearle Dodds

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO FEB 2 7 1943

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Canyon }

Certificate No. 84187

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Verla Loraine Elliott (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 28, 1920 (DATE OF EVENT)
in Nampa, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Certificate #84187 (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct. 28, 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	[illegible]
		Verla Loraine Elliott

Subscribed and sworn to before me this 25th
day of February, 19 43

J. P. Sellers

Notary Public, residing at Nampa, Idaho.

My commission expires Dec. 4, 1946
(SEAL)

Signed Mrs Ethel Elliott
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

423 5th Ave. S. Nampa, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 1 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 84187

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Verla Loraine Elliott (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1920 (Date of Event)
in Nampa, Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on March 1st, 1943. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Carol	Ethel Pearl Beresford

Subscribed and sworn to before me this 18th day of March, 1943.

Notary Public, residing at Nampa, Idaho.

My commission expires Sept. 5th, 1944.
(Seal)

Signed Mrs Ethel Elliott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

916 10th Ave. So. Nampa, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 3 1943

212-203-014-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 7 — File No. 84188

No. ..... St. — Primary Registration District No. 1056 — Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Baker

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Nov 3 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: George Baker	FULL MAIDEN NAME: Laura Mofford
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Penn.
OCCUPATION: Hostler Helper	OCCUPATION: Housewife

Number of child of this mother, including present birth 12 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R Proctor MD

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 15 1920

Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613 - 206 - 014 - 632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 824 - 13th Ave S. St.

Hospital —

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 — File No. 84189

Primary Registration District No. 1006 — Registered No.

Full Name of Child Betty Jo Walters

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
F			Yes	11 6 20

FATHER	MOTHER
FULL NAME: Walter W. Waters	FULL MAIDEN NAME: Lena Olson
RESIDENCE: 824 - 13th Ave S, NAMPA, IDAHO.	RESIDENCE: 824-13 Ave S. NAMPA, IDAHO
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 23	AGE AT LAST BIRTHDAY (Years): 18
BIRTHPLACE: Oregon	BIRTHPLACE: Idaho
OCCUPATION: Baker	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 1 15 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. McLellan M.D.

Physician & Surgeon

(Physician or midwife)

Address NAMPA, IDAHO

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Nov. 10 1920 Pearle Dodds

Registrar

155 - 204 - 014 - 665

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 84190

No. ——— St.

Hospital Home

Primary Registration District No. 2005 Registered No. 254

FULL NAME OF CHILD Lillian Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 4 1920

FATHER	MOTHER
FULL NAME Fars. Jensen	FULL MAIDEN NAME Marie Louise Fontaine-Frahot
RESIDENCE Wilder	RESIDENCE Wilder
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Denmark	BIRTHPLACE France
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. O. Bauer M.D.
(Physician or midwife)

Address Box 7 Wilder Idaho

Filed Nov. 6 1920 John L. Breyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1900

JUN 8 1943

755-204-014-366

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84191

Primary Registration District No. 2005 Registered No. 253

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov 4, 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Harry Oscar Pennington	FULL MAIDEN NAME: Estella May Cook
RESIDENCE: Notus, Idaho	RESIDENCE: Notus, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Kansas
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8: A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) C. M. Kaley M. D.

(Physician or midwife)

Address .....

Filed Nov. 5- 1920 John A. Meyer Registrar

693-103-014-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1310 Dearborn St.

Hospital

Registration District No. 3 File No. 84192

Primary Registration District No. 1005 Registered No. 252

FULL NAME OF CHILD YOUNGER THEODORE WITHERSPOON

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 3 19 20

FATHER	MOTHER
FULL NAME: Jas. Witherspoon	FULL MAIDEN NAME: Lillian Harris (Harris)
RESIDENCE: Caldwell, Idaho, 1310 Dearborn St	RESIDENCE: Caldwell, Idaho, 1310 Dearborn St
COLOR: hite	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Oregon
OCCUPATION: Barber	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) F. M. Cole
M. D.
(Physician or midwife)

Address

Filed Nov. 4- 1920 John V. Sievers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Adams }

Certificate No. 84192

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Younger Theodore Witherspoon (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov 3-1920 (DATE OF EVENT) in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Younger Theodore Witherspoon

Subscribed and sworn to before me this 3/st day of December, 1941

Notary Public, residing at .....

My commission expires Jan 20-1942 (SEAL)

Signed Lillian Witherspoon
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Adams }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3/st day of December, 1941

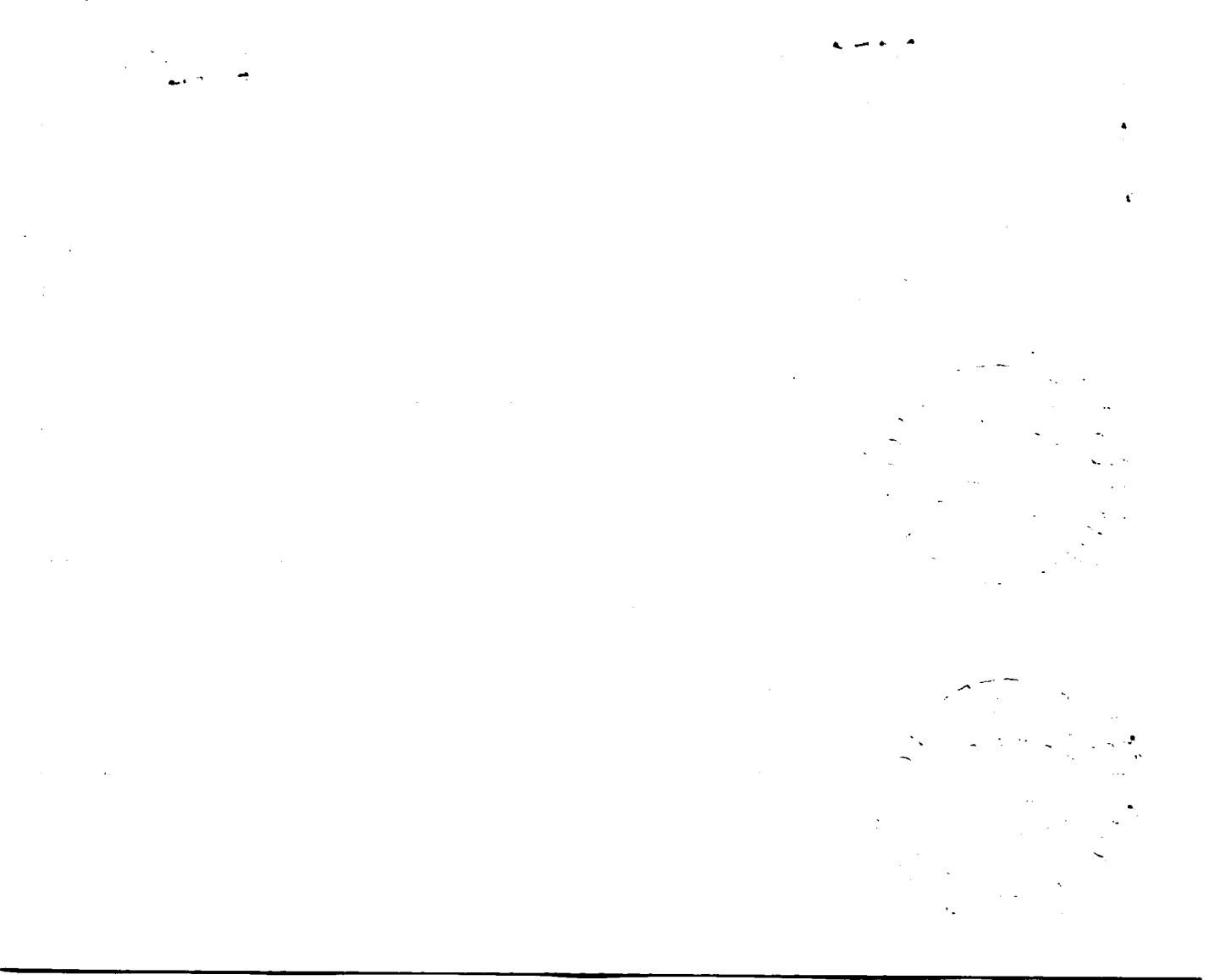
Notary Public, residing at .....

My commission expires Jan 20-1942 (SEAL)

Signed Samuel E Tyson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)



512-130-014-264

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 8 File No. 84193

No. ..... St.

Primary Registration District No. 2005 Registered No. 251

Hospital .....

FULL NAME OF CHILD Verne Eldon Vassar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	1	Yes	Oct. 30 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C. Vassar	Bessie Bodle
RESIDENCE	Caldwell R 1	Caldwell. R 1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Woodland Kans.	Phillipsburg - Kans.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3.9. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lee M D

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Nov. 4- 1920 John L. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1976

132 - 126 - 014 - 866

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 84194

No. ..... St.

Primary Registration District No. 2005 Registered No. 250

Hospital .....

FULL NAME OF CHILD Frank Henry Albrecht

Sex of Child male | Twin Triplet or other? 1 | and | Number in order of birth 1 | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 29 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry Albrecht	FULL MAIDEN NAME	Della Fern Howard
RESIDENCE	Caldwell	RESIDENCE	Caldwell.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New York City	BIRTHPLACE	Ocoya - Ill.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. H. Gee M.D.

(Physician or midwife)

Address .....

Filed Nov. 4 - 1920 John L. Meyer Registrar

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

814-228-014-465

Amended 2-18-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84195
Local Reg. No. 249
Reg. Dist. No. 3

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Myatt Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

d. STREET ADDRESS (If rural, give location): R. 1

3. CHILD'S NAME (Type or print)

a. (First): Elaine b. (Middle): Julia c. (Last): Acqualine Hammar

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 28, (Year) 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Carl b. (Middle): W. c. (Last): Hammar

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Nampa, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Jessie b. (Middle): c. (Last): Montgomery

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Hermitage, Mo.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. W. Gue, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 4, 1920

22. REGISTRAR'S SIGNATURE: John S. Meyer

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphilis performed?

DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, ir case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 21 1964 Bureau of Vital Statistics

State of Missouri } ss. Certificate No. 84195

County of Greene } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Julia Acqualine Hammar (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1920 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by [illegible] (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Julia Acqualine Hammar	Elaine Julia Acqualine Hammar
		[illegible] (Short for [illegible])

Subscribed and sworn to before me this 29th day of September, 1964

Dan B. Kesperman

Notary Public, residing at Fair Grove, Mo.

My commission expires March 22, 1965

(Seal)

Signed C W Hammar Father

Mrs C W Hammar Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Springfield Mo

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.

County of Greene }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September, 1964

Dan B. Kesperman

Notary Public, residing at Fair Grove, Mo.

My commission expires March 22, 1965

(Seal)

Signed [illegible] Aunt

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

Springfield Mo

FORM DH 60-155 CL 9-10-64. nm

Marriage Record, page from Family Record, gives full name of groom as Julian Ross Adams, Jr. and full name of bride as Elaine J.A. Hammar, married April 28, 1949 viewed by V.S.

Passport Application, dated Jan. 16, 1948 gives full name as Elaine Julia Acqualine Hammar, born Oct. 28, 1920 at Caldwell, Idaho to Carl William Hammar and Jessie Montgomery - viewed by V.S.

892-127-014-261

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84196

Primary Registration District No. 2005 Registered No. 218

FULL NAME OF CHILD Ralph Kenneth Hibbs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	R. S. Hibbs	FULL MAIDEN NAME	Carrol Swanson
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Dana Iowa	BIRTHPLACE	Alcester S.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bonch

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder, Ida

Filed Nov. 2 1920 John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1942

AUG 6 1942

433-226-014-342

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1108 Everett St.

Hospital

Registration District No. 3 File No. 84197

Primary Registration District No. 1005 Registered No. 247

FULL NAME OF CHILD Mary McCarthy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 26 1920

FATHER	MOTHER
FULL NAME: Irvin M. McCarthy	FULL MAIDEN NAME: Mary Alice Cuskelly
RESIDENCE: Caldwell, Ida. 1108 Everett St	RESIDENCE: Caldwell, Ida. 1108 Everett St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Mont.
OCCUPATION: Banker	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. M. Kaley M.D

(Physician or midwife)

Address

Filed Oct. 30 1920 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1970

214-124-014-218

Form V. ~~S. No.~~ 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Caldwell~~

No. Rural, 2 St.

Hospital Yes

Registration District No. 3 File No. 84198

Primary Registration District No. 2005 Registered No. 246

FULL NAME OF CHILD Joseph Frank Baum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Oscar Baum	FULL MAIDEN NAME	Hazel Bayless
RESIDENCE	Caldwell, Idaho, R. # 2	RESIDENCE	Caldwell, Idaho, R. # 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley,

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct. 28 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

NOV 10 1941

Certificate No. 84198

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Baum (Name on original certificate) who was born (Was born or died) on October 24, 1920 (Date of event)

in Caldwell, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on July 6, 1935 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Baum	Joseph Frank Baum

Subscribed and sworn to before me this 8th day of November, 19 41

Emma E. Thompson

Notary Public, residing at Caldwell, Idaho

My commission expires Oct. 5, 1945

[SEAL]

Signed Mrs J. O. Baum (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mother

Caldwell, Idaho RFD 4 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 19 41

Emma E. Thompson

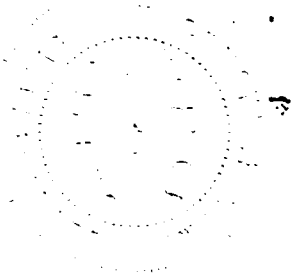
Notary Public, residing at Caldwell, Idaho

My commission expires October 5, 1945.

[SEAL]

Signed Mrs Alta Jones (Signature of any credible person other than the previous affiant.)

Caldwell, Idaho. (Street Address, City, State)



386-124-014-962

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Rus. 3 St.

Hospital

Registration District No. 3 File No. 84199

Primary Registration District No. 2005 Registered No. 245

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 24 1920

FATHER		MOTHER	
FULL NAME	Jas. M. Thompson	FULL MAIDEN NAME	Grace Robinson
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) John S. Meyer M.D.

(Physician or midwife)

Address Caldwell Idaho

Filed Oct. 24 1920 John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-122-014-639

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

Registration District No. 3 File No. 84200

No. ..... St.

Primary Registration District No. 2005 Registered No. 244

Hospital .....

FULL NAME OF CHILD Preston Robert Nicholes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Oct. (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Preston N. Nicholes	FULL MAIDEN NAME	Genieve Oliver
RESIDENCE	Huston Idaho	RESIDENCE	Huston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Coyoto Utah	BIRTHPLACE	Canton S. Dakota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Skaden D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Suite 11 Jensen Bldg. Caldwell, Ida.

Filed Oct. 28 1920 Joh S. Meyer Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

1. PLACE OF BIRTH (a) _____ (b) _____

2. USUAL RESIDENCE _____

3. SEX _____ 4. THIS BIRTH (Single, Twin, or Triplet) _____ (If twin or triplet) Was it born first, second, or third? _____ 5. DATE OF BIRTH (Month) _____ (Day) _____ (Year) _____

6. (a) FULL NAME OF CHILD _____ (b) If child has not been named, has informant been informed that he is required to register name within 12 months? _____

7. (a) FULL NAME OF FATHER _____ (b) RESIDENCE, if different from above _____

8. (a) MAIDEN NAME OF MOTHER _____ (b) RESIDENCE, if different from above _____

9. (a) FULL NAME OF MOTHER _____ (b) COLOR _____ (c) AGE AT LAST BIRTHDAY _____ (Years)

10. (a) BIRTHPLACE _____ (b) BIRTHDAY _____ (c) BIRTH AGE _____

11. (a) OCCUPATION _____ (b) BIRTHPLACE _____ (c) AGE AT LAST BIRTHDAY _____ (Years)

12. (a) OCCUPATION _____ (b) COLOR _____ (c) AGE AT LAST BIRTHDAY _____ (Years)

13. Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child, who was born _____ on the date above stated.

_____ was no attendant at the birth of this child.

Physician, midwife, father, householder, etc.

Where there was no attendant a physician or midwife should make this report. A midwife child is one that makes deliveries but shows other evidence of the same birth.

If above cannot be filled, explain why.

Date received _____ 19 _____ Registrar

Date of Birth _____ Registrar

Registered _____ 19 _____

Registrar

Registrar

Registrar

219-221-014-293

PLACE OF BIRTH - Name added 11/2/81

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Nampa,

~~No.~~ R. # 3 ~~St.~~

Hospital

Registration District No. 3 File No. 84201

Primary Registration District No. 2002 Registered No. 243

FULL NAME OF CHILD Marie Margaret Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 21 1920

FATHER	MOTHER
FULL NAME: C.B.Barnes	FULL MAIDEN NAME: Julia Billings
RESIDENCE: Nampa, Idaho, R. # 3	RESIDENCE: Nampa, Idaho, R. # 3
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 43	AGE AT LAST BIRTHDAY (Years): 39
BIRTHPLACE: Kansas	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:10 A M. on the date above stated.

(Signature) F.M.Cole,

M.D.
(Physician or midwife)

Address

Filed Oct. 23. 1920 John F. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD!

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

SEP 9 1976

9/9/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 14 8 58 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of CANYON } ss.

Certificate No. 84201
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Barnes (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1920 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Barnes	Marie Margaret Barnes

Subscribed and sworn to before me this 9th day of September, 1976

Chester A. Harding
Notary Public, residing at Nampa, Idaho
My commission expires 7-24-79
(Seal)

Signed Fred L Barnes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3630 McKinley Lake Charles Louisiana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of CANYON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of September, 1976

Chester A. Harding
Notary Public, residing at Nampa, Idaho
My commission expires 7-24-79
(Seal)

Signed Vera L Jessen
(Signature of Any Credible Person)
308-16th Ave So Nampa Idaho
(Street Address, City, State)

FORM DH 60-155

NOV 2 1981

Birth certificate of son Billie Lee Wise born May 18, 1944 gives mother as Marie Margaret Barnes age 23. S.F.#390875 Viewed by V.S.

Attendance & Scholarship Record from Caldwell High School gives name as Marie Barnes date of birth Oct. 21, 1920. Grade 9th. Viewed by V.S.

719-221-014-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 321 Belmont St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 9 38

File No. 84202

Primary Registration District No. 2005

Registered No. 242

FULL NAME OF CHILD Marian Ruth Parks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct. 21 1920

FATHER		MOTHER	
FULL NAME	Lee Roy Parks	FULL MAIDEN NAME	Vallie Emma Copley
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Carlton, Texas	BIRTHPLACE	Young Harris, Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Young

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 2 1920 John L. Images

Registrar

1/3/41 L. B.

363-120-014-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84203

Primary Registration District No. 1005 Registered No. 241

FULL NAME OF CHILD Clara Jacqueline Lockridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	Oct. 20 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Lockridge	Clara Thornton
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	27
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Carpenter	House Keeper

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1-30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct. 24 1920

Registrar

JUN 1 1942

793-216-014-293

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell,

No. 819 Devner St.

Hospital

Registration District No. 3 File No. 84204

Primary Registration District No. 2005 Registered No. 240

FULL NAME OF CHILD Lenore Maxine Pitman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 16 1920

FATHER	MOTHER
FULL NAME: Allen L. Pitman	FULL MAIDEN NAME: Martha Evelyn Bills
RESIDENCE: Caldwell, 819 Devner St	RESIDENCE: 819 Devner St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 24	AGE AT LAST BIRTHDAY (Years): 19
BIRTHPLACE: Montana	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:20 P. M. on the date above stated.

(Signature) C. M. Valey

M. D.

(Physician or midwife)

Address

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Oct. 19- 1920 John C. Breyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1944

995 - 214-014-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 84205

~~No.~~ # 3 ~~St.~~

Primary Registration District No. 2005 Registered No. 239

Hospital —

FULL NAME OF CHILD Ruth Renard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 14 1920

FATHER	MOTHER
FULL NAME: Conway H. Renard	FULL MAIDEN NAME: Erma Carter
RESIDENCE: Caldwell # 3	RESIDENCE: Caldwell # 3
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Raley M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct. 16- 1920 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YEAR: 1920

FILE # 84206

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-84206 A & B TWINS

864-209-014-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

County of Canyon

City of Caldwell

Registration District No. 3 File No. 84206

No. ..... St.

Primary Registration District No. 2005 Registered No. 238

Hospital .....

FULL NAME OF CHILD Lora & Linda Houston.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			3rd	yes	Oct 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Colin Houston	FULL MAIDEN NAME	Carry E. Robbins
RESIDENCE	Huston Ida.	RESIDENCE	Houston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mich.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child, who was were born alive on above date at 5:30 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) Nancy Robbins

(Physician or midwife)

Address Nurse

Filed Oct 19 1920 John S. Meyer

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

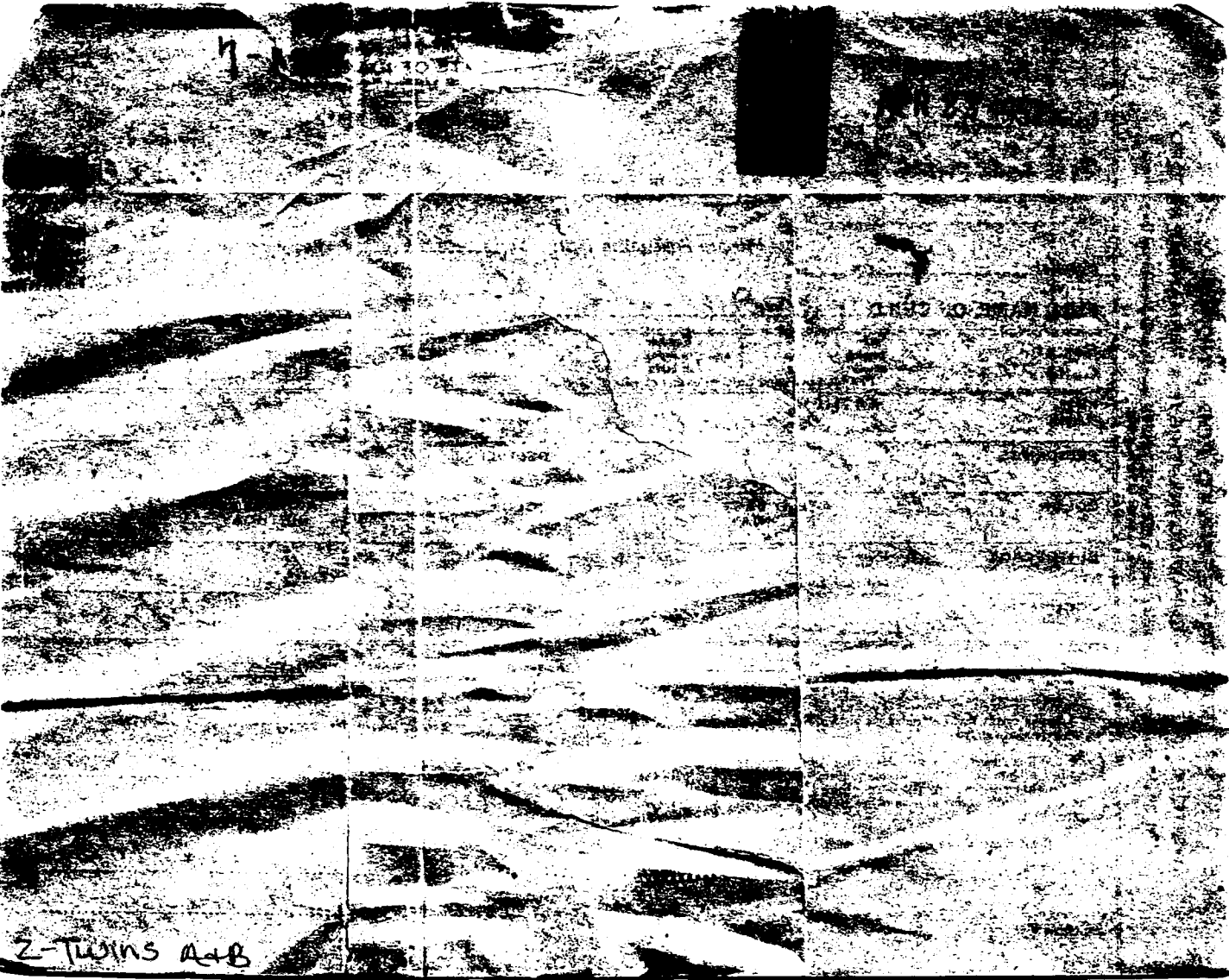
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2


Z-Twins A&B

864-209-014-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

County of Canyon

City of Caldwell

Registration District No. 3 File No. 84206

No. ..... St.

Primary Registration District No. 2005 Registered No. 238

Hospital .....

FULL NAME OF CHILD Lora & Linda Houston.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			3rd	yes	Oct 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Colin Houston	FULL MAIDEN NAME	Carry E. Robbins
RESIDENCE	Huston Ida.	RESIDENCE	Houston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mich.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of the child, who was were born alive on above date at 5:30 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) Nancy Robbins

(Physician or midwife)

Address Nurse

Filed Oct 19 1920 John S. Meyer

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

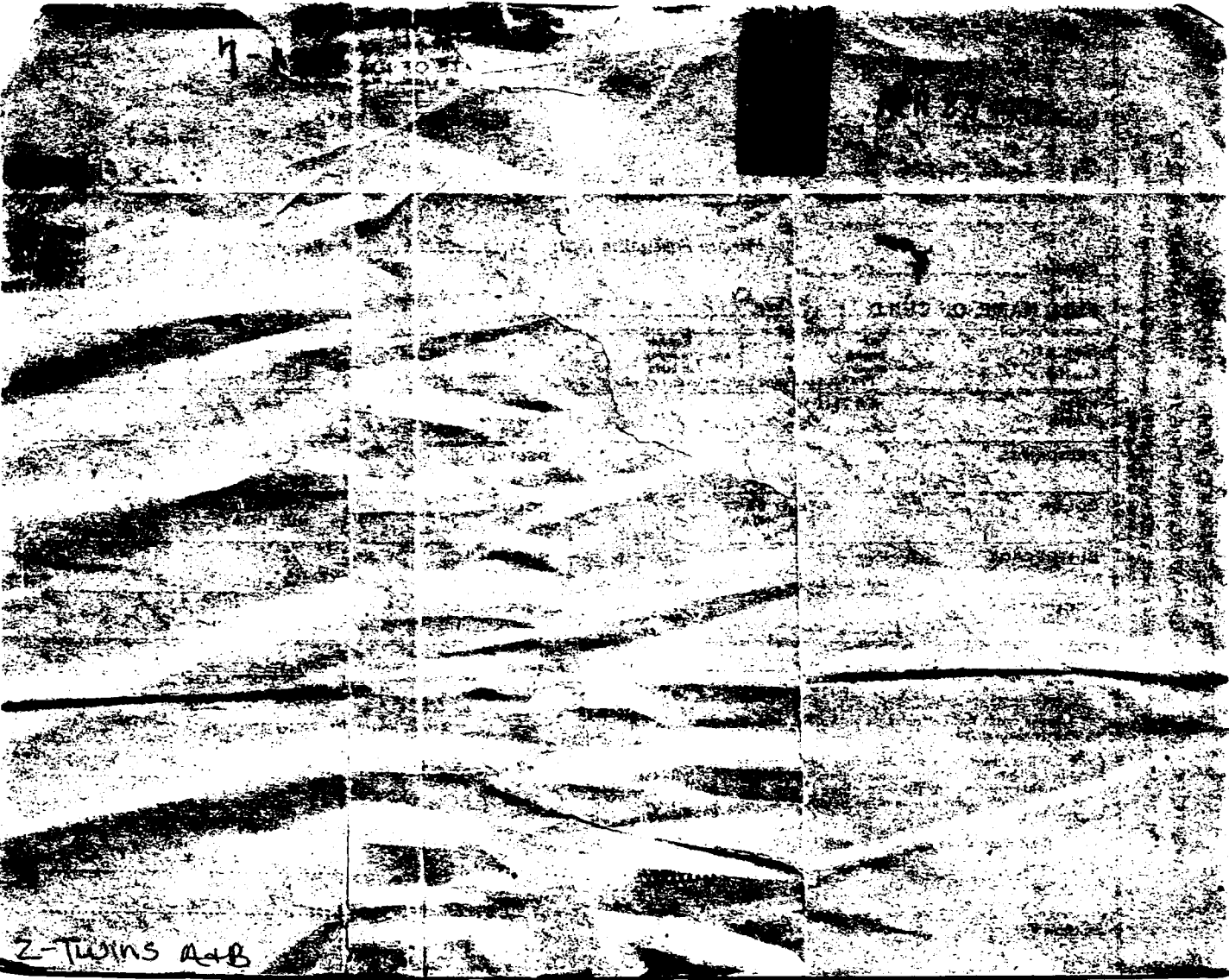
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2


Z-Twins A&B

213-106-014-819

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84207

County of Canyon

City of Wilder

Registration District No. 3 File No.

No. St.

Hospital Home

Primary Registration District No. 2005 Registered No. 937

FULL NAME OF CHILD Homer Leslie Salisbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 6 1920

	FATHER	MOTHER
FULL NAME	L. E. Salisbury	Virgie Hartsfield
RESIDENCE	Wilder Ida	Wilder Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Amboy Minn	Washington Ark.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) A W Bond M D

(Physician or midwife)

Address Wilder Ida

Filed Oct-28-1920 John A. Meyer

Registrar

556-206-014-558

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. 84208

Primary Registration District No. 2005 Registered No. 236

FULL NAME OF CHILD Margaret Louise Newport

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 6 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	James M. Newport	FULL MAIDEN NAME	Dona Neher
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Caldwell	BIRTHPLACE	Stroud Okla
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bouch

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed Oct. 28. 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 3 1976

363 - 204 - 014 - 493

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84209

County of Canyon

City of Houston

Registration District No. 3 File No.

No. St.

Hospital Home

Primary Registration District No. 2005 Registered No. 235

FULL NAME OF CHILD Clara Lillian Colley

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 14 1920

FATHER		MOTHER	
FULL NAME	R. H. Colley	FULL MAIDEN NAME	Grace Miller
RESIDENCE	Houston R D	RESIDENCE	Houston Rt.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Richmond Ind	BIRTHPLACE	Moran Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bond M. D.
(Physician or midwife)

Address Wilder Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov. 3 - 1920 John S. Mayer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1943

SEP 19 1957

635-102-014-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 84210

No. ..... St.

Primary Registration District No. 2005 Registered No. 234

Hospital Home

FULL NAME OF CHILD Clarence Ray F Letcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 2 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	C. E. Fletcher	FULL MAIDEN NAME	Ester Smith
RESIDENCE	Wilder Idaho	RESIDENCE	Wilder Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Edgar Neb	BIRTHPLACE	Edgar Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 00/100 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Idaho

Filed Oct. 28 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1966
APR 4 1967

259-130-014-445

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. 84211

Primary Registration District No. 2005 Registered No. 233

FULL NAME OF CHILD Lysle Oscar Keith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Keith	FULL MAIDEN NAME	Elan Dunagan
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Star Ida	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brach

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed Oct-28- 1920 John S. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 4 1972

418-123-014-284

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 84212

No. ..... St.

Primary Registration District No. 2005 Registered No. 232

Hospital Home

FULL NAME OF CHILD Leo John Day

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Daniel F Day	FULL MAIDEN NAME	Pauline Shumate
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Amboy Minn	BIRTHPLACE	Harrisonville Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed Oct. 28 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-105-014-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 84213

No. ..... St.

Primary Registration District No. 2005 Registered No. 231

Hospital Home

FULL NAME OF CHILD Paul Mitchell Kowalk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	L. Kowalk	FULL MAIDEN NAME	Lelia Mitchell
RESIDENCE	Wilder Idaho	RESIDENCE	Wilder Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Allegan Mich	BIRTHPLACE	Gosport Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bock

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Idaho

Filed Oct-28-1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1962

JUN 1 4 1965

235-104-014-296

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 84214

No. ..... St.

Primary Registration District No. 2005 Registered No. 230

Hospital Home

FULL NAME OF CHILD Kenneth Dale Stevenson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Aug 4 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Burt Stevenson	Lizzy Bell Brown
RESIDENCE	Wilder Ida	Wilder Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Cutler Ill	Cutler Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brown M. D.
(Physician or midwife)

Address Wilder Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 28 1920 John S. Meyer
Registrar

JUL 3 0 1942

596-204-014-556

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. 84215

Primary Registration District No. 2005 Registered No. 229

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		ps	Aug 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. L. Morey	FULL MAIDEN NAME	Beulah Newlon
RESIDENCE	Wilder Ida	RESIDENCE	Ashidgo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Battle Cr. Iowa	BIRTHPLACE	Chicago Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed Nov. 3 - 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-219-04-533

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Canyon

City of Bowmont

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 84217

Primary Registration District No. 2202 Registered No. 72

FULL NAME OF CHILD Morcom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry Morcom	FULL MAIDEN NAME	Goldy Ellis
RESIDENCE	Bowmont Idaho	RESIDENCE	Bowmont Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rm Bowell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kuna Idaho

Filed Oct. 1 1920 Rm Bowell

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-DP2-182

MARCUM

655 - 217 - 014 - 135

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Kuna RR1 Registration District No. 124 File No. 84218

No. ____ St.

Primary Registration District No. 2202 Registered No. 73

Hospital ____

FULL NAME OF CHILD Mary Louise Weeks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hiram J. F. Weeks	Minnie Elizabeth Alvey
RESIDENCE	Kuna Ida R R 1.	Kuna Ida – R. R. 1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Lyman Idaho	Clifton Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Bovall M. D.

(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Address ____

Registrar

Filed Oct 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

BOARD OF HEALTH—BUREAU OF STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kuna Idaho

Street and House No.

County Canyon

Registered No. File

Registration Dist. No.

Sex of Child Female

Date of Birth Oct 17 1920
MONTH DAY YEAR

Father Hiram J Weeks
FULL NAME

Mother Minnie Eliz. Alvey
FULL MAIDEN NAME

I Hereby Certify that the child desc
has been named:

Mary Louise W
GIVEN NAME IN FULL

as reported by Father
FATHER OR MOTHER

R M Bow
LOCAL REGISTRAR

AUG 2 7 1974

3 # 73

124

ribed herein

SURNAME

cf

36-130-815-299

Form V. S. No. 11—25m-6-18-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

...ity of Soda Springs

No. ..... St.

Hospital .....

Registration District No. 11 (2) File No. 84210

Primary Registration District No. 2048 Registered No. 26

Full Name of Child Robert Woodrow Carr

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M	—	—	Yes	Oct 30, 1920

FATHER

FULL NAME: Lawyer P. Carr

RESIDENCE: Soda Springs

COLOR: W AGE AT LAST BIRTHDAY (Years): 50

BIRTHPLACE: Mo.

OCCUPATION: Harness-Maker

MOTHER

FULL MAIDEN NAME: Minnie Bruce

RESIDENCE: Soda Springs

COLOR: W AGE AT LAST BIRTHDAY (Years): 42

BIRTHPLACE: Indiana

OCCUPATION: Wife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11:30 P M the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Hanley

(Physician or ~~midwife~~)

Address Soda Springs, Idaho

Given names added from a supplemental report.

..... 19.....

Eric Hanley
Registrar

Filed Oct 31 1920

Registrar

MAY 31 1963

292-109-015-814

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs Idaho

Amended 2/27/79

No. _____ St.

Registration District No. 11 File No. 84220

Primary Registration District No. 2048 Registered No. 25

Hospital _____

Full Name of Child Glade Goldworthy Sibbett

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
M.			Yes	Oct 9, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Sibbett, Jr	Genine Hawkins
RESIDENCE	Gray, Idaho	Gray, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Idaho	England
OCCUPATION	Rancher	wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____, at 4:9 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Hackley
(Physician or midwife)

Address Soda Springs Idaho

Given names added from a supplemental report.

_____ 19____

Ellen Hackley
Registrar

Filed Oct 19, 1920

Ellen Hackley
Registrar

K

2/27/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 27 2 05 PM '79

te of _____ } ss.
unty of _____

Certificate No. 84220
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

Glade Goldsworthy Sibbett (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/9/20 (Date of Event)

Soda Springs, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Sex	F.	Male

scribed and sworn to before me this 27th day of February, 1979.

ary Public, Margaret D. Davis

iding at Bird

ommission expires Lifetime

Seal)

Glade G. Sibbett
Signature of Applicant

Wayan, Idaho 83
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

e of _____ } ss.
ty of _____

he undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to th of his knowledge.

scribed and sworn to before me this _____ day of _____, 19___.

ry Public, _____

ing at

_____
Supporting Signature

th certificate issued 5/7/50 for Donald Glade Sibbett by the State of Idaho #50-5
sts the father as Glade Goldsworthy Sibbett. viewed by V.S.

FEB 27 1979

ırriage license issued by the State of Hawaii 9/20/75 lists the name of the Groom
ıer as Glade Goldsworthy Sibbett. viewed by V.S.

447-228-015-689

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of Soda Springs

No. _____ St.

Hospital _____

Registration District No. 11 File No. 84221

Primary Registration District No. 2048 Registered No. 24

Full Name of Child Maggie Lavon Duggan

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
F	—	—	—	yes	Oct 28, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm E. Duggan	FULL MAIDEN NAME	Anna White
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Salesman	OCCUPATION	Ocup

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 6:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kackley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

Address Soda Springs Idaho

Ellis Kackley
Registrar

Filed Oct 31 1920 Ellis Kackley
Registrar

c.c. 6/19/41. w.h.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-[redacted]
018-66[redacted]

[redacted] No. 1[redacted]C—25m-7-21-19

[redacted]

CERTIFICATE [redacted]

County [redacted]

City of Orofino Registration District No. 90 File No. 84222

No. ..... St.

Primary Registration District No. 2168 Registered No. 64

Hospital .....

FULL NAME OF CHILD Margaret Marie Pinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 4. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Lawrence Pinson	FULL MAIDEN NAME	Cora May Wood
RESIDENCE	Dent, Ida	RESIDENCE	Dent, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Wn
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Oct 5 1920 J M Fairly
Registrar

[redacted]

JUL 30 1959

866-205-01-858

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 84223

No. ..... St.

Primary Registration District No. 2168 Registered No. 65

Hospital

FULL NAME OF CHILD Lois Jane Hoffman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. Hoffman	FULL MAIDEN NAME	Clara H. Henneman
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Mo.
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Oct 5 1920 J. M. Fairly
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1947

JUN 17 1942

766-119-018-847

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Wrippe

Registration District No. 90

File No. 84224

No. ____ St.

Primary Registration District No. 2168

Registered No. 66

Hospital ____

FULL NAME OF CHILD John Edward Gaffney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	Edwin Gaffney	FULL MAIDEN NAME	Ruth Dugley
RESIDENCE	Wrippe Idaho	RESIDENCE	Wrippe, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:23 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Gaffney

Physician

(Physician or midwife)

Address Kamiah Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Oct 20 19 20

J M Gaffney
Registrar

FEB 17 1947

695 - 129 - 018 - 319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84225

County of Bonneville

City of Rexburg. Registration District No. 90 File No.

No. St. Primary Registration District No. 2,68 Registered No. 47

Hospital

FULL NAME OF CHILD Harold H. Frandsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 29 1920

FATHER		MOTHER	
FULL NAME	Charles H. Frandsen	FULL MAIDEN NAME	Violet Judd
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 5:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. M. Family

Physician
(Physician or midwife)

Address Rexburg Ida

Filed Oct 29 1920 J. M. Family
Registrar

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified copy issued 12-21-1940 D.P.

265-117-018-855

[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 84226

No. ..... St.

Primary Registration District No. 3,1 Registered No. 68

Hospital .....

FULL NAME OF CHILD Carl Edmond Bochner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 17 1920

FATHER		MOTHER	
FULL NAME	Chas. E. Bochner	FULL MAIDEN NAME	Alma Hendrickson
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 49 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eddie N Horswill
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Nov 3 1920 J M Tainly
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1974

1-C—25m-7-21-19

[redacted]

386-130-017-665

Registration District No. [redacted] File No. [redacted]4228

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital .....

FULL NAME OF CHILD DONALD S. Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10 30 1920

	FATHER		MOTHER
FULL NAME	David S Thomas	FULL MAIDEN NAME	Clara Owens
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Wales	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dubois Idaho

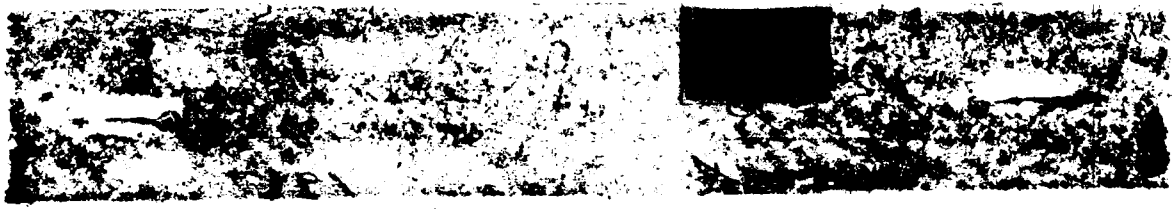
Filed 10/10 1920 C E Jones MD Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made f[illegible] and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. SEP 3 1941 Certificate No. 84228
County of Clark } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth ~~(Birth or death)~~
for Donald S. Thomas (Name on original certificate) who was born (Was born or died) on October 30. 1920 (Date of event)
in Dubois Idaho (Place of event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "~~cause of death~~", etc.	FROM (As on original)	TO (The correct facts)
Name	no name given	Donald S. Thomas
Birth Date	October 10. 1920	October 30. 1920.

Subscribed and sworn to before me this 2nd day
day of September, 1941
John H. Hays
Notary Public, residing at Dubois. Idaho
My commission expires April 18. 1942.
[SEAL]

Signed Mrs. R. W. Loula Sister.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Dubois. Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Clark }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of September, 1941
John H. Hays
Notary Public, residing at Dubois Idaho
My commission expires April 18. 1942
[SEAL]

Signed Mrs W L Miller
(Signature of any credible person other than the previous affiant)
Dubois. Idaho.
(Street Address, City, State)

Received for filing on ..... by .....

MAR 24 1942

[redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Small P.O.

249-110-017-396 Registration District No. 125 File No. 84229

No. ..... St.

Primary Registration District No. 2203 Registered No. .....

Hospital Home

FULL NAME OF CHILD [redacted] Burnside Virgil

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	10	10	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Burnside	Francis Bernice Townsend
RESIDENCE	Small P.O. Idaho	Small P.O.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	23
BIRTHPLACE	Idaho	Idaho.
OCCUPATION	Farmer and Stockman	Housewife

Number of child of this mother, including present birth ONE Number of children of this mother now living, including present birth ONE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

(Signature) H. Howard Young

Physician (Physician or midwife)

Address Dubois, Idaho.

Filed 10/15/1920 C E Jones M D Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

... UNFADING INK—THIS IS A PERMANENT RECORD

FEB 11 1942

719-205-017-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125

File No. 84230

No. ____ St.

Primary Registration District No. 2203

Registered No. ____

Hospital Rooming House

FULL NAME OF CHILD Kathryn Clair Partridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	10 5 1920

FATHER	MOTHER
FULL NAME: Burt A. Partridge	FULL MAIDEN NAME: Susan Olive Simmons
RESIDENCE: Dubois, Idaho P.O.	RESIDENCE: Dubois, Idaho P.O.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Kan.	BIRTHPLACE: Kan.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Howard Young

Physician

(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/15 1920 C E Jones M.D.

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1959

862 -101-013-635-

PLACE OF BIRTH

County of Camas

City of Corral

No. 1 mile North St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 58th File No. 84231

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Ernest Eugene Hobdy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Oct 1 1920

FATHER		MOTHER	
FULL NAME	Joe M Hobdy	FULL MAIDEN NAME	Mary L Fletcher
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wisconsin	BIRTHPLACE	Texas.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 45 P. M. on the date above stated.

(Signature) L Wellencheck

Physician (Physician or midwife)

Address Fairfield, Idaho

Filed Oct 5 1920 L Wellencheck Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-114-013-799

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. 3 Miles West St.
3½ " South

Hospital

Registration District No. 58th

File No. 84233

Primary Registration District No. 2138

Registered No.

FULL NAME OF CHILD Delmer Leroy Kramer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes.	Oct 14 1920

FATHER		MOTHER	
FULL NAME	Roy Virgil Kramer	FULL MAIDEN NAME	Lillie Grimm
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Indiana	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho.

19

Registrar

Filed Oct 25 1920. L Wilencheck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1942 JUN 4

DEC 19 1941

JUN 7 1943

299-218-019-655

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

District No. 76 File No. 84234

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Pearl Bricker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	7 (Month) — 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry A Bricker	FULL MAIDEN NAME	Jessie Wiebe
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Harrell M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

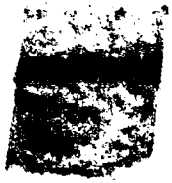
Address Mackay Ida.

Filed 10/23 1920 Rose Nowack
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 27 1949

845-107-020-719

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35 File No. 84235

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Markhus Huerta

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single		2	yes	Oct 7 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gomecindo Huerta	FULL MAIDEN NAME	Tomassa Garcia
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 7 1920 at 4 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doirs M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Sept. 8 1920 J. W. Doirs

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-126-020-753

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ..... St.

Registration District No. 35 File No. 84236

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Clifford Cramer

Sex of Child	Twin Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	5	Yes	Oct. 26 1920

FATHER	MOTHER
FULL NAME: William Cramer	FULL MAIDEN NAME: Ida May Peck
RESIDENCE: Glenn's Ferry Idaho	RESIDENCE: Glenn's Ferry Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Locomotive Fireman	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 26 1920, at 8.15 P M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Address Glenn's Ferry Idaho.

Filed Oct. 28 1920 J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1976

593-207-020-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Elmore Ferry Registration District No. 35 File No. 84287

No. ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Georgia May Vetato

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	yes	Oct. 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George G. Vetato	Edna Rice
RESIDENCE	Elmore Ferry Idaho	Elmore Ferry Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 7. 1920, at 5 a M. (Born alive or stillborn) on the date above stated.

(Signature) Mrs Rice

Mother

(Physician or midwife)

Address Elmore Ferry Idaho

Filed Oct. 20 1920 J. W. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report, ____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1921-400974

253-116-020-563

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35 File No. 84238

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Jefferson Kellogg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	Single		2	yes	Oct. 16 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Kellogg	FULL MAIDEN NAME	Lizzie B. Noll
RESIDENCE	Glenn's Ferry Idaho	RESIDENCE	Glenn's Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Car Repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 16. 1920, at 8 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M.D.

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Glenn's Ferry Idaho

Filed Oct. 18 1920 J. W. Doris

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1943

AUG 23 1950

SEP 14 1950

962-213-020-216

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Elmore's Ferry Registration District No. 35 File No. 84239

No. ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Helen Irene Robertson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	yes	Oct 13th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Frederick Robertson	Cecil Buffington
RESIDENCE	Elmore's Ferry Idaho	Elmore's Ferry Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	America	America
OCCUPATION	Bank Clerk	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 13. 1920, at 11.45 P M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) J. W. Davis M.D.

Physician
(Physician or midwife)

Address Elmore's Ferry Idaho

Filed Oct. 16 1920 J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

238-112-020-255

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Hammett

Registration District No. 35 File No. 84240

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Edwin ~~xxxxxxxx~~ Schweitzer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	5	yes	Oct. 12 1920

	FATHER	MOTHER
FULL NAME	Frank Henry ~~xxxxxxxx~~ Schweitzer	FULL MAIDEN NAME Miriam ~~xxxxxxxx~~ Keener
RESIDENCE	Hammett Idaho	Hammett Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	39 (Years)	33 (Years)
BIRTHPLACE	~~xxxxxx~~a Pennsylvania	~~xxxxxx~~a Missouri
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 12-1920, at 2 40 a M. (Born alive or stillborn) on the date above stated.

(Signature) J. W. Davis M. D.

Physician (Physician or midwife)

Address Elmore Ferry Idaho

Filed Oct. 14 1920 J. W. Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/11/41 L. B.

318 - 210 - 020 - 517

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry Registration District No. 35 File No. 84241

No. ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Margaret Helen Taylor

Sex of Child	Twin / Triplet / or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	single	4	yes	Oct. 10 1920

FATHER

FULL NAME: Le Roy Franklin Taylor

RESIDENCE: Glenns Ferry Idaho

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: America

OCCUPATION: Brakeman O.S.L. R.R.

MOTHER

FULL MAIDEN NAME: Margaret Andrus Napier

RESIDENCE: Glenns Ferry Idaho

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: America

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) Oct. 10, 1920, at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M. D.

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Oct. 10 1920

J. W. Doris
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-109-020-449

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Elmore's Ferry Registration District No. 35 File No. 84242

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD George Earnest Firebaugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	3	yes	Oct. 9th 1920.

FATHER		MOTHER	
FULL NAME	George Firebaugh	FULL MAIDEN NAME	Emily Durfee
RESIDENCE	Elmore's Ferry Idaho	RESIDENCE	Elmore's Ferry. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct. 9. 1920, at 3:40 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or midwife)

Address Elmore's Ferry Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct 12 1926 J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated.

City of Dayton Registration District No. 27 File No. 84243

No. ____ St.

Primary Registration District No. 2119 Registered No. 315

Hospital ____

FULL NAME OF CHILD Catherine Jensen

Sex of Child Female. | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct (Month) 27 (Day) 1920 (Year)

FATHER

FULL NAME Alma L. Jensen

RESIDENCE Dayton,

COLOR W AGE AT LAST BIRTHDAY 56 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mette C. Georgeson

RESIDENCE Dayton,

COLOR W. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Oxford, Ida.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:35 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician

(Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report.

____ 19____

Registrar

Filed 11/6 1920 D A R Curtis

Registrar

155-213-621-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

Registration District No. 27 File No. 84244

No. ..... St.

Primary Registration District No. 2119 Registered No. 309.

Hospital .....

FULL NAME OF CHILD Joan M. Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Jensen	FULL MAIDEN NAME	Mahalia Peterson
RESIDENCE	Mink Creek.	RESIDENCE	Mink Creek.
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mink Creek.	BIRTHPLACE	Mink Creek.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Ida.

Filed 11/1 1920 D. A. R. Cutler Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1942

693-218-021-154

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 84245

Primary Registration District No. 2119 Registered No. 308.

FULL NAME OF CHILD .....

Sex of Child Female. | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Oct. (Month) 18 (Day) 1920. (Year)

FATHER

FULL NAME Lawrence E Willard

RESIDENCE Preston, Ida.

COLOR W. AGE AT LAST BIRTHDAY 33. (Years)

BIRTHPLACE Utah

OCCUPATION Farmer & Laborer

MOTHER

FULL MAIDEN NAME Mary M. Anderson

RESIDENCE Preston, Ida.

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) Allen P. Curtis

Physician
(Physician or midwife)

Address Preston, Ida.

Filed 11/1 19 20 D. A. Curtis
Registrar

859-215-021-469

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 37 File No. 84246

No. ____ St.

Primary Registration District No. 3119 Registered No. 307

Hospital ____

FULL NAME OF CHILD Edith Doraine Herbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				yes	Oct. 15 1928

FATHER		MOTHER	
FULL NAME	Richard D. Herbert	FULL MAIDEN NAME	Jennie Morgan
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Glendale, Ida.	BIRTHPLACE	Malad, Ida.
OCCUPATION	Book Keeper.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Allen R. Priddis

Physician
(Physician or midwife)

Address Preston Idaho.

Filed Nov 1 1928

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Blessing, Dec. 5, 1920 gives full name as Edith Doraine Herbart, daughter of Dewey Richard Herbert and Jennie Morgan, born Oct. 15, 1920 at Preston, Idaho - viewed by V.S. App. for Membership of Jane Morgan Herbert, wife of Richard Dewey Herbert, to the Society of Daughters of The Utah Pioneers, app. dated Mar. 9, 1934 gives one child's full name as Edith Doraine Herbert, born Oct. 15, 1920 at Preston, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED
JAN 29 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Weber }

Certificate No. 84246

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Herbert (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1920 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edith Doraine Herbert

Subscribed and sworn to before me this 18 day of January, 1963

Notary Public, residing at Ogden Utah
My commission expires 11-13-65
(Seal)

Signed Mrs U R Herbert parent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of January, 1963

Notary Public, residing at Ogden, Utah
My commission expires 11-13-65
(Seal)

Signed Hazel M. Evans (Aunt)
(Signature of Any Credible Person)

832 N 150 E Malad City Idaho
(Street Address, City, State)

Form DH 80-155 CL 3-13-62. mm one copy pd. rec. #21565.

FEB 27 1963

154-222-021-855

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

Registration District No. 27 File No. 84247

No. ..... St.

Primary Registration District No. 2119 Registered No. 306

Hospital .....

FULL NAME OF CHILD Sybil Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Anderson	FULL MAIDEN NAME	Dora M. Henderson
RESIDENCE	Clifton, Idaho	RESIDENCE	Clifton, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Clifton, Idaho.	BIRTHPLACE	Clifton
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho.

Filed 11/1 1920 Dora R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1953

314-119-021-345

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 84248

Primary Registration District No. 2119 Registered No. 305

FULL NAME OF CHILD .....

Sex of Child Male. | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Oct. (Month) 19 (Day) 1920 (Year)

FATHER

FULL NAME Julius H Campbell

RESIDENCE Preston, Ida.

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Nebraska.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Hilda Lundstadt

RESIDENCE Preston, Idaho.

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Salt Lake City Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 - A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

(Signature) Allen R Curtis

Physician (Physician or midwife)

Address Preston, Idaho

Filed 11/1 19 20 Dan Curtis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-209-021-459

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston — Registration District No. 27 — File No. 84249

No. ____ St. — Primary Registration District No. 27 — Registered No. 291

Hospital ____

FULL NAME OF CHILD Klis Hobbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 9 1920

FATHER		MOTHER	
FULL NAME	Albert A. Hobbs	FULL MAIDEN NAME	Veda Merrill
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Preston, Idaho	BIRTHPLACE	Mapleton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Allen R Cullen

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Oct 12 1920 D A R Cullen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-209-021-962

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Registration District No. 27 File No. 84251

No. ..... St.

Primary Registration District No. 217 Registered No. 288

Hospital .....

FULL NAME OF CHILD Ann Roberts Hawkes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 2 1920

FATHER	MOTHER
FULL NAME: Lynn Hawkes	FULL MAIDEN NAME: Sarah I. Roberts
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Preston, Idaho	BIRTHPLACE: Penn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician Idaho
(Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

..... 19....

.....
Registrar

Filed Oct 14 1920. D A R Curtis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-119-021-465

Amended 5-26-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84252
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Utah b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hydepark

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Theodore b. (Middle): Blaine c. (Last): Ashcroft

4. SEX: Boy

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 10 - 19 - 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Byron b. (Middle): c. (Last): Ashcroft

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Hydepark, Utah

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Winona b. (Middle): c. (Last): Montague

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Preston, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: P.M. Eliason

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Logan, Utah

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11/1/1920

22. REGISTRAR'S SIGNATURE: Dr. A.R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

e district where the birth occurred WITHIN 10 days after the date of birth of the child. Address OF VITAL STATISTICS, BOISE, IDAHO.

ok

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 5 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 84252

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Ashcroft (boy child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1920 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Theodore Blaine Ashcroft
Full Maiden Name of Mother	Winnona Montague	Winona Montague

Subscribed and sworn to before me this 3 day of May, 19 67
Notary Public, residing at Preston Idaho
My commission expires 2-15-69
(Seal)

Signed Winnona Montague Meyers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of May, 19 67
Notary Public, residing at Pocatello Idaho
My commission expires 2-15-69
(Seal)

Signed Lyman A. Montague
(Signature of Any Credible Person)

1534 So 2nd Pocatello Idaho
(Street Address, City, State)

FORM DH 60-158 CL 4-10-67. one copy pd. rec. #10087.

L.D.S. Church Cert. of Record of Membership, baptized March 29, 1930 gives full name as Theodore Blaine Ashcroft, born Oct. 19, 1920 at Preston, Idaho to Byron Ashcroft and Winona Montague - viewed by V.S.

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Deacon, July 23, 1933 gives full name as Theodore Blaine Ashcroft, born Oct. 19, 1920 at Preston, Idaho to Byron Ashcroft and Winona Montgzere - viewed by V.S.

The United States of America, Government Insurance, dated Sept. 1, 1939 gives full name of insured as Theodore Blaine Ashcroft, age 19 - beneficiary is given as Winona Montague Allred, mother - viewed by V.S.

Honorable Discharge from U.S. Navy, Sept. 21, 1945 gives full name as Theodore Blaine Ashcroft - viewed by V.S.

281-220-021-553

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27

Primary Registration District No. 2119

File No. 84253

Registered No. 292

FULL NAME OF CHILD Deane Nelson Shaffer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Sept. 20 1920

FATHER		MOTHER	
FULL NAME	John Martin Shaffer	FULL MAIDEN NAME	Julia A. Nelson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Millville Utah	BIRTHPLACE	Grantsville Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 15 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(~~Physician or~~ midwife)

Given names added from a supplemental report.

Deane Nelson Shaffer 19

W. S. Murphy

Registrar

Address Preston Franklin Co. Idaho

Filed Oct. 14 1920

[illegible]

Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Preston

Street and House No.

County Franklin

Registered No. 297

Registration Dist. No. 27

Sex of Child Male

Date of Birth Sept. 23 1920
MONTH DAY YEAR

Father John Martin Shaffer
FULL NAME

Mother Julia A. Nelson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Deane Nelson Shaffer
GIVEN NAME IN FULL SURNAME

as reported by Father
FATHER OR MOTHER

D. A. Rencher
LOCAL REGISTRAR

OCT 2 1 1942

365-222-021-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27

File No. 84254

No. ..... St.

Primary Registration District No. 2119

Registered No. 296

Hospital Home

FULL NAME OF CHILD Darlene Condie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sep 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley M. Condie	FULL MAIDEN NAME	Mary Wilson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Croydon Utah	BIRTHPLACE	Salt Lake City
OCCUPATION	Attorney	OCCUPATION	Homekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 12 30 noon P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(~~[illegible]~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Franklin Co. Idaho

Filed Oct 14 1920

J. A. R. Culter
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-223-021-319

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 27 File No. 34255

Primary Registration District No. 2119 Registered No. 298

FULL NAME OF CHILD Mildred Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	5	yes	Sept 23 1920

FATHER		MOTHER	
FULL NAME	James C Henderson	FULL MAIDEN NAME	Mary A Larson
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Clifton	BIRTHPLACE	Clifton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Esther E. L. Davis

Midwife (Physician or midwife)

Given names added from a supplemental report.

Mildred Henderson 19

Address Clifton

Registrar

Filed Oct 20 1920 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT R...

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Franklin Co
PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ~~Weston~~ Idaho

City of Weston Idaho
266-201-021-693 Registration District No. 27 File No. 84256
No. _____ St.

Primary Registration District No. 219 Registered No. 300

Hospital _____

FULL NAME OF CHILD Sybil Kofoed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			4	yes	Oct 1 1920

FATHER

FULL NAME Geo H Kofoed

RESIDENCE Weston Idaho

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Weston Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rozella Williams

RESIDENCE Weston Idaho

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Glenwood Utah

OCCUPATION Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 44 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

_____
Registrar

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Weston Idaho

Filed 10/28 1920 Dan Peebles
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-124-021-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston — Registration District No. 27 — File No. 84257

No. ____ St.

Primary Registration District No. 219 — Registered No. 299

Hospital ____

FULL NAME OF CHILD Samuel THANE Brower

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		8	yes	Oct 24 1920

FATHER		MOTHER	
FULL NAME	J B Brower	FULL MAIDEN NAME	Mary GRACE XXXXXXXXXXXXXXX
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Lewiston Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Farmer	OCCUPATION	Home Keeper

Number of child of this mother, including present birth 8 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Thos B Holden

Physician
(Physician or midwife)

Address Preston Idaho

Filed 11 28 1920 — Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 84257
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~Samuel Thane Brower~~ Birth
(Birth or death)
for Samuel Thane Brower (Name on original certificate) who was born (Was born or died) on Oct. 24, 1920 (Date of event)
in Weston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Oct. 24, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Mother's maiden name	Mary Lemmon	Mary Grace

Subscribed and sworn to before me this 11th. day of October, 1941

Notary Public, residing at Preston, Idaho
My commission expires May 1 - 1945
[SEAL]

Signed Mary Grace Brewer.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother,

Weston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th. day of Oct., 1941

Notary Public, residing at Preston, Idaho
My commission expires May 1st 1945
[SEAL]

Signed Elizabeth Chartier
(Signature of any credible person other than the previous affiant.)

Preston, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 15 1941

469-130-027-749

PLACE OF BIRTH

~~Form Vrs.~~ No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 84258

Primary Registration District No. 2119

Registered No. 314

FULL NAME OF CHILD CLAUDE PURNELL MORGAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct. 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Leo Morgan.	FULL MAIDEN NAME	Ruth Purnell,
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Whitney Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed 11/3 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 84258

Date Filed FEB 7 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for nil (Name on Original Certificate) who Born (Was Born or Died) on Oct. 30, 1920 (Date of Event)
in Preston, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of my knowledge, the
true facts are shown by Birth record book (Bible Record, Insurance Policy, Etc.) prepared on approx. 2 weeks after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Claude Purnell Morgan

Subscribed and sworn to before me this 5
day of Feb., 19 42.

Signed Ruth Morgan Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1943.
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5
day of February, 1942

Signed William L. Morgan
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Rupert, Idaho.
My commission expires July 20, 1943.
(Seal)

324 E. 3rd. St. Rupert, Idaho.
(Street Address, City, State)

FEB 18 1942

689-130-021-813

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 84259

Primary Registration District No. 2119

Registered No. 313

FULL NAME OF CHILD Charles Robert.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct. (Month) 30 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME William D. White.	FULL MAIDEN NAME Drucilla Halliday.
RESIDENCE Preston Ida.	RESIDENCE Preston Ida.
COLOR White. AGE AT LAST BIRTHDAY 22 (Years)	COLOR White. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Pleasant Grove, Utah.	BIRTHPLACE Mink Creek Idaho.
OCCUPATION Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staples

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho.

Registrar

Filed 11/3 1920 D. A. R. Curtis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155 - 213 - 021 - 249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview Ida.

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 84260

Registered No. 310

FULL NAME OF CHILD June.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Oct. (Month) 13. (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Lavon Jenks.	FULL MAIDEN NAME: Alice Smith.
RESIDENCE: Fairview Idaho.	RESIDENCE: Fairview Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Weston Idaho.	BIRTHPLACE: Fairview Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed 11/3 1920 D. A. R. Cutler
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4169 - 119 -021 -755

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton Ida.

No. ..... St.

Registration District No. 27 File No. 84261

Primary Registration District No. 2119 Registered No. 311

Hospital ..... GRANT PERKINS

FULL NAME OF CHILD Richard Lorenzo Morrison.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Oct. 19 1920

FATHER	MOTHER
FULL NAME: James Morrison.	FULL MAIDEN NAME: Ray Perkins.
RESIDENCE: Dayton Ida.	RESIDENCE: Dayton Ida.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Franklin Ida.	BIRTHPLACE: Dayton Ida.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. at 5:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Status

Physician.
(Physician or midwife)

Address Preston Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/3 19 20 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1941

SEP 22 1941

AFFIDAVIT

State of Idaho (
) ss.
County of Bonneville (

Before me the undersigned, Notary Public, personally appeared James P. Morrison and Rae Perkins Morrison, his wife, and upon oath make the following statement regarding Grant Perkins Morrison, their son;

Said Grant Perkins Morrison was born at Dayton, Idaho, October 19, 1920. That they are not certain whether or not the name of Grant Perkins Morrison was sent in to the State of Idaho by the physician or whether a different name was sent in, and they do not recall ever receiving a certificate, but said Morrison child, born October 19, 1920 was named Grant Perkins Morrison and has been known as Grant P. (Perkins) Morrison all his life.

Dated at Idaho Falls, Idaho, this 12th day of September, 1941.

James P. Morrison
Father.

Rae Perkins Morrison
Mother.

Subscribed and sworn to before me this 12tn day of September, 1941.

Notary Public, residing at Idaho Falls, Idaho

419-122-021-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 84262

Primary Registration District No. 219 Registered No. 312

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	Oct. 22 1920

FATHER	MOTHER
FULL NAME: William Burton Martin.	FULL MAIDEN NAME: Bessie Casperson.
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White. AGE AT LAST BIRTHDAY 41 (Years)	COLOR: White. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE: Liberty, Bear Lake Co., Ida.	BIRTHPLACE: Logan Utah.
OCCUPATION: Contractor.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stutes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed 11-3 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

522-204-021-533

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin Amended 9-19-75

City of PRESTON Registration District No. 17 File No. 84263

No. St. Primary Registration District No. 219 Registered No. 297

Hospital

FULL NAME OF CHILD JULIA LORRAINE EKSTROM

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes.	sept. 4 1920

FATHER	MOTHER
FULL NAME: Albert E. Ekstrom.	FULL MAIDEN NAME: Willhelmina Ellis
RESIDENCE: Franklin	RESIDENCE: Franklin
COLOR: white. AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Smithfield Utah.	BIRTHPLACE: Logan Utah.
OCCUPATION: Laborer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Stutes

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Registrar

Filed 10/20 19 20 Geo. Stutes
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 11 3 55 PM '75

State of ..... } ss.
County of ..... }

Certificate No. 84263

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ekstrom (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1912 (Date of Event)
in Franklin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Refer to back) (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts) (Female)
child's name	Unnamed (Male)	Julia Lorraine Ekstrom
Birth Date	Sept. 4, 1912	Sept. 4, 1920
Place of Event	Franklin, Idaho	Preston, Idaho Franklin County

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission ~~expires~~ .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10/2/74 nm

[redacted]

SEP 1 9 1975

Certificate of Blessing gives name as Julia Lorraine Ekstrom daughter of Albert E. and Wilhemia Ellis born Sept. 4, 1920 at Preston Franklin, Idaho. Blessed November 7, 1920 in L.D.s.Chuchh.
Viewed by V.S.

Marriage affidavit gives name as Julia Lorraine Ekstrom married in Malad, County of Oneida, Idaho. Age 19. Married April 17, 1940.
Viewed by V.S.

155-105-021-249 Child's name added 2-24-87 lh

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin.

City of Fairview Ida.

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 84264

Registered No. 296

FULL NAME OF CHILD Orvin Charles Jenks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	Sept. 5 1920

FATHER		MOTHER	
FULL NAME	Joseph Jenks.	FULL MAIDEN NAME	Meda Smith.
RESIDENCE	Fairview Ida.	RESIDENCE	Fairview Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	North Ogden.	BIRTHPLACE	Fairview Ida .
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stutes

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed 10/22 1920 D. A. R. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1-30-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

RECEIVED
FEB 4 1987
Bureau of Vital Statistics Standards and Local Health Services

State of _____
County of _____ } ss.

Certificate No. 84264
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 5, 1920 (Date of Event)

in Fairview, Franklin Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full name of child	unnamed	Orvin Charles Jenks

Subscribed and sworn to before me this 3rd day of February, 1987.

Notary Public, _____
Residing at Burley Idaho
My commission expires 11-1-87
(Seal)

x Orvin Charles Jenks
Signature of Applicant

Star Route Box 42 Burley, Idaho 83318
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

FEB 24 1987

Certificate of Blessing from LDS Church gives name as Orvin Charles Jenks born to Joseph A Jenks and Mede Smith in Sept. of 1920 at Fairview, Franklin Co., ID
Blessed Nov. 7, 1920.
Viewed by V.S.

Certificate of Baptism from LDS Church gives name as Orvin Charles Jenks son of Joseph Jenks and Meda Smith, born Sept. 5, 1920 at Fairview, Franklin Co., ID.
Baptized Nov. 13, 1928.
Viewed by V.S.

132-105-021-512

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 84265

Registered No. 295

FULL NAME OF CHILD Lester Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Sept. (Month) 5th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lester Atkinson,	FULL MAIDEN NAME	Laura Nash,
RESIDENCE	Franklin Ida.	RESIDENCE	Franklin Ida
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Cov e Utah.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Mechanic.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho.

Filed Oct. 20 1920 [signature] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-114-021-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 84266

Primary Registration District No. 2119

Registered No. 294

FULL NAME OF CHILD Lloyd Earl Tingey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Sept. 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Warren Tingey	FULL MAIDEN NAME	May Bassett,
RESIDENCE	Weston Ida.	RESIDENCE	Weston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Brigham City Utah.	BIRTHPLACE	Menden, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staples

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho.

Filed Oct. 20 1920 Dr. A. R. Cutler Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
Nov 16 11 37 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 84266

State of Idaho } ss.
County of Franklin

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Tingey (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1920 (Date of Event) in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on Nov 15, 1973 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lloyd Earl Tingey

Subscribed and sworn to before me this 15 day of November 19 73

Lyman W Merrill

Notary Public, residing at Weston Idaho

My commission expires March 7, 1977

(Seal)

Signed Mae Bassett Tingey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of November 19 73

Lyman W Merrill

Notary Public, residing at Weston Idaho

My commission expires March 7, 1977

(Seal)

Signed H. Maurice Tingey
(Signature of Any Credible Person)

Weston Idaho 83286
(Street Address, City, State)

FORM DH 60-155 CL 11/1/73

Letter from the LDS Church gives name as Lloyd Earl Tingey. born Spet. 14, 1920. signed by Lyman W. Merrill, Ward Clerk. Viewed by V. S.

NOV 2 9 1973

Family Group Record for James Warren Tingey and Elizabeth Mae Bassett gives child's name as Lloyd Earl Tingey born Setp. 14, 1920. Viewed by V. S.

964-216-021-483

name added 3/12/81

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin.

City of Franklin Ida.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 84267

Primary Registration District No. 2119

Registered No. 293

FULL NAME OF CHILD Thora Ann Roderick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Yes.	Sept. 16 1920

FATHER		MOTHER	
FULL NAME	W.P. Roderick,	FULL MAIDEN NAME	Mary J. Myler.
RESIDENCE	Franklin Ida.	RESIDENCE	Franklin
COLOR	White. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Wellsville Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:05A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho.

Filed Oct 20 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-2-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

26 10 53 AM '81

Certificate No. 84267
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Roderick (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 16, 1920 (Date of Event)

in Franklin (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Thora Ann Roderick

Subscribed and sworn to before me this 2nd day of Jan., 1981

Notary Public, Phyllis C. Hafer
Residing at 1830 Clover Dale Rd
My commission expires Oct. 16, 1983
(Seal)

Thora Ann Hess
Signature of Applicant

1347 E. 8020 S. Sandy, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Jan., 1981

Notary Public, Phyllis C. Hafer
Residing at 1830 Clover Dale Rd
My commission expires Oct. 16, 1983
(Seal)

Rex J. Hess
Supporting Signature

1347 E. 8020 S. Sandy, Utah
Street Address, City, State

Certif. of Baptism from LDS Church gives name as Thora Ann Roderick daughter of Wm. P. Roderick and Mary J. Keifer. Born Sept 16, 1920 Baptized May 4, 1929. received by U.S.

Insurance policy from Metropolitan Life Ins. Co gives name as, Thora Ann Hess. Beneficiary Ralph J. Hess, husband. Contingent Beneficiary - Mary Roderick - mother. received by U.S.

134-129-021-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 84268

Primary Registration District No. 2[illegible] Registered No. 352

FULL NAME OF CHILD Melvin Dean Alder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 29 1920

FATHER		MOTHER	
FULL NAME	Melvin Paull Alder	FULL MAIDEN NAME	Emma Christella Jensen
RESIDENCE	Fairview Idaho	RESIDENCE	Fairview Idaho
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1230P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Brand

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Registrar

Filed 11/1 1920 D A Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-104-021-155

S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Glendale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 84269

Primary Registration District No. 2119 Registered No. 303

FULL NAME OF CHILD Leon Jensen Bergquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 4 1920

FATHER		MOTHER	
FULL NAME	Edward Bergquist	FULL MAIDEN NAME	Serena Jensen
RESIDENCE	Grace, Idaho	RESIDENCE	Grace, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Hand

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston Idaho

Filed 11/1 1920

D. A. Riley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 19

695-103-021-497

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 84270

No. ..... St.

Primary Registration District No. 2119 Registered No. 384

Hospital .....

FULL NAME OF CHILD Perry Manford Winger, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	October 3 1920

FATHER		MOTHER	
FULL NAME	Perry Manford Winger	FULL MAIDEN NAME	Chloe A. Dixon
RESIDENCE	Deceased	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 11/1 1920 D. A. Crattie Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1954

231 - 27 - 022 - 235

V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDA[redacted]
BUREAU OF VITAL S[redacted]

CERTIFICATE OF [redacted]

Registration District No. 100 File No. 84271

Primary Registration District No. 2171 Registered No. 333

FULL NAME OF CHILD Donna Jane Standley

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth October 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Standley	FULL MAIDEN NAME	Ona Stewart
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11-6 1920 G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 84271

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lot Gevree	Donna Jane Standley
Father's name	Standley	Standley

Subscribed and sworn to before me this 13 day of June, 19 44

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Ona Standley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 13 1944

623 - 109 - 022 - 294

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

Registration District No. 108 File No. 84272

No. ..... St.

Primary Registration District No. 2178 Registered No. 328

Hospital .....

FULL NAME OF CHILD John George Ostermiller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.			yes	10	9	1920

FATHER		MOTHER	
FULL NAME	George Ostermiller.	FULL MAIDEN NAME	Katie Krueger.
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Gleske MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 10-30 1920 G Gleske

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of MAR 24 1948

City of

No. St.

Hospital

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

19 Address

Filed 19

Registrar Registrar

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-110-022-236

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Newdale

No. _____ St.

Hospital _____

Registration District No. 99

Primary Registration District No. 2177

File No. 84273

Registered No. _____

Full Name of Child MAX STOCKS Hutteball

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Sept (Month) 10th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Owen Hutteball	FULL MAIDEN NAME	Edna Afton Stocks
RESIDENCE	Newdale Ida	RESIDENCE	Newdale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Copenhagen Denmark	BIRTHPLACE	Lewiston Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Humphrey M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed Feb 20 1920 W. Wurst

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Benton }

Certificate No. 84273

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Max Stocks Hutteball (Name on Original Certificate) who born (Was Born or Died) on September 10, 1920 (Date of Event) in was omitted (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Max Stocks Hutteball

Subscribed and sworn to before me this 9th day of May 1942

Fred Gilhuly
Notary Public, residing at White Bluffs, Wash.

My commission expires July 16 - 1945
(Seal)

Signed Edna Hutteball Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

WHITE BLUFFS, WASH.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Benton }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of May, 1942

Fred Gilhuly
Notary Public, residing at WHITE BLUFFS, WASH.

My commission expires July 16 - 1942
(Seal)

Signed Edna Hutteball
(Signature of Any Credible Person Other Than Previous Year)

WHITE BLUFFS, WASH.
(Street Address, City, State)

MAY 19 1945

APR 20 1953

219-108-022-462

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 84274

No. ..... St.

Primary ~~Registration District~~ No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Louis Edmund Barnett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		3	yes	9 (Month) 8 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugh Barnett	FULL MAIDEN NAME	Lena Moosa
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cola	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Oct 10 1920 W S Wirst
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YEAR: 1920

FILE # 84275

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-84275 A & B TWINS

415-202-022-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Registration District No. 99 File No. 84275(a)

Hospital St. Anthony city Hosp. Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Barbara Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female	X		2	yes	9	2	1920

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David M. Davis	FULL MAIDEN NAME	Margaret Bean
RESIDENCE	Canyon Creek Ida	RESIDENCE	Canyon Creek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Gray
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Oct. 10 1920 W B West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1959

415-102-022-251

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tremont

City of St Anthony

Registration District No. 99 File No. 84275(b)

No. St.

Hospital St Anthony Cit Hosp Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Robert Bean - Davis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		2	yes	9 (Month) 2 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Davis	FULL MAIDEN NAME	Margaret Bean
RESIDENCE	Canyon Creek Idaho	RESIDENCE	Canyon Creek Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Oct 10 1920

W A West

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-102-022-892

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tremont

City of Teton

Registration District No. 99 File No. 84276

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD David Ray Stone Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1		1	yes	6 2 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. Ray Stone	FULL MAIDEN NAME	Sarah Hibbard
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	~~Idaho~~ Wyo
OCCUPATION	farmer	OCCUPATION	housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Anthony Idaho

Filed Oct 10 1920 W B West
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

555-119-022-615

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 84277

No. ..... St.

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Axel E. Evenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 19 1920

FATHER		MOTHER	
FULL NAME	Axel L Evenson	FULL MAIDEN NAME	Vera Marie Davenport
RESIDENCE	St Anthony	RESIDENCE	St Anthony Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Meat Cutter	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Clerx

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 10 1920 W. B. Clerx

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1969

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-

PLACE OF BIRTH

County of Trencont

City of Parker

No. 993-204-022-845 St.

Hospital

STATE OF [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 94 File No. 84278

Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Ladessa Grace Rice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Sept 4 1920

FATHER		MOTHER	
FULL NAME	H. C. Rice	FULL MAIDEN NAME	Chloe Hunter
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Given names added from a supplemental report.

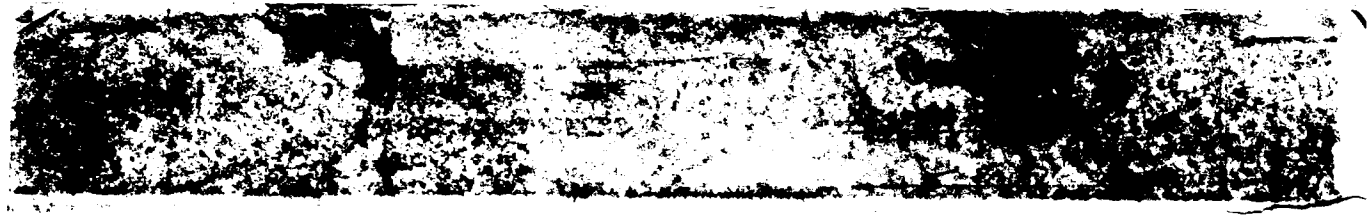
19

Address

Registrar

Filed Oct 10 1920

W. B. West
Registrar



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAY 5 – 1921 BUREAU OF VITAL STATISTICS

Boise, Idaho, April 25, 1921 ....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Parker; Street: ; County: Fremont

File Number: 84278

Registration Dist. No.: 99

Sex of Child: Female

Date of Birth: Sept. 4, 1920 ? ....192....

Father: H. C. Rice (Full Name)

Mother: Chloe Hunter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ladessa Grace Rice
Child's Name in Full

Please fill in the year of birth in order that we may complete our record.

Chloe H. Rice
Signature of Father or Mother

MAR 24 1942

219-110-022-219

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 107 File No. 184279

Primary Registration District No. 6 Registered No. 38

FULL NAME OF CHILD FLOYD NELSON BARRICKMAN

Sex of Child Male | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes. | Date of Birth 11-10 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Daniel Nelson Barrickman

RESIDENCE Ashton, Ida.

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ohio.

OCCUPATION Operator Mgr.

MOTHER

FULL MAIDEN NAME Mary Clark Barrickman

RESIDENCE Ashton, Ida.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician
(Physician or midwife)

Address Ashton, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed 11-16- 1920. [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Merced }

Certificate No. 84279

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for (Floyd Nelson Barrickman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 10, 1920 (DATE OF EVENT)
in Ashton, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by known by the undersigned (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on his sister (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Floyd Nelson Barrickman

Subscribed and sworn to before me this 9th
day of March, 19 42

Notary Public, residing at Merced, California

My commission expires 2/21/46
(SEAL)

Signed Pearl Beers (Sister)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORM[redacted] CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.

[redacted]
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 16 1942 By
(REGISTRAR'S SIGNATURE)

MAR 1 3 1942

343-106-022-343

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 105 File No. 8280

Primary Registration District No. 6 Registered No. 31

FULL NAME OF CHILD Ted J. Cutler

Sex of Child Male. | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth 11 (Month) 6 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Samuel J. Cutler	FULL MAIDEN NAME Ruby Hodder Cutler
RESIDENCE Ashton Ida.	RESIDENCE Ashton, Ida.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION Farmer.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician
(Physician or midwife)

Address Ashton, Ida.

Given names added from a supplemental report.

..... 19....

..... Registrar.

Filed 11-6-1920 [illegible] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 19

454-104-022-154

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 102 File No. 84281

Primary Registration District No. 6 Registered No. 36

FULL NAME OF CHILD Kenneth Marlow Hedman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	11 - 4 1920

FATHER		MOTHER	
FULL NAME	Otavio Lewis — Hedman	FULL MAIDEN NAME	Alma Anderson
RESIDENCE	Drummond, Ida.	RESIDENCE	Drummond, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Illinois	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ashton, Idaho

Filed 11-5- 1920. C. C. Meacham Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

892-136-022-866 Name added 10-14-86 lh

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 10

File No. 84282

Primary Registration District No. 6

Registered No. 33

FULL NAME OF CHILD George Robert Hibler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	10	31	20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vernon P. Hibler	Helen Howard Hibler
RESIDENCE	Ashton, Ida.	Ashton, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Iowa	South Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) [signature] Physician

(Physician or midwife)

Address Ashton, Idaho

Filed 11-1- 1920 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-17-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED
SEP 5 1986
Bureau of Vital Statistics Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Wyoming
County of Johnson } ss.

Certificate No. 84282
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed Hibler (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 31, 1920 (Date of Event) in Ashton (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	(Robert) George R. Hibler

Subscribed and sworn to before me this 3 day of Sept, 1986.
Notary Public, Norma Lee Rogers
Residing at Buffalo Wyo
My commission expires 2-14-89
(Seal)

x George Robert Hibler
Signature of Applicant
x PO Box 241 Story, Wy 82842
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of August, 1986.
Notary Public, Mary Jane Landy
Residing at Winfield, Florida
My commission expires _____
(Seal)
My Commission Expires March 1, 1987

Supporting Signature
707 Lake Lane Altamonte Springs Fla 32701
Street Address, City, State

1 cc pd

Notary Public, State of Florida at Large
My Commission Expires March 1, 1987

Record from Buffalo High School in Buffalo, Wyoming gives name as George Robert Hibler. Graduated from that school May 1940. Statement signed by School - principal George D. Grace, Jr.
Viewed by V.S.

Service record shows name as George R. Hibler born in Ashton, ID. Date inducted July 13, 1942 entered July 26, 1942. Date of Separation Jan. 26, 1946. U.S.Army
Viewed by V.S.

491-120-022-491

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Marysville

No. ..... St.

Registration District No. 10 2 File No. 84283

Primary Registration District No. 6 Registered No. 34

Hospital .....

FULL NAME OF CHILD Herbert Draper.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	10/30 1920

FATHER		MOTHER	
FULL NAME	Conrad Draper.	FULL MAIDEN NAME	Vernil Creson Draper.
RESIDENCE	Marysville Ida.	RESIDENCE	Marysville Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24.
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Manager Telephone Exchange	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) A. M. Meacham

Physician

(Physician or midwife)

Address Rexburg Ida.

Filed 10/22 1920 A. M. Meacham Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

515-117-022-515

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 102 File No. 84284

Primary Registration District No. 6 Registered No. 33

FULL NAME OF CHILD JOHN MARTIN VAN SICKLE

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10-17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wavern W Van Sickle	FULL MAIDEN NAME	Hattie Scaffield Van Sickle
RESIDENCE	Farnum, Idaho	RESIDENCE	Farnum Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Idaho

Filed 10/18 1920 A. Meacham Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont }

Certificate No. 84284

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) death for (NAME ON ORIGINAL CERTIFICATE) John Martin Van Sickle who (WAS BORN OR DIED) was born on (DATE OF EVENT) October 17, 1920 in (PLACE OF EVENT) Farnum, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) L.D.S. Church Records prepared on (GIVE DATE) , are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	John Martin Van Sickle
John Martin Van Sickle		John Martin Van Sickle

Subscribed and sworn to before me this 13 day of May, 19 42

Paul P. Stone

Notary Public, residing at Ashton Idaho

My commission expires July 16-1945

(SEAL)

Signed Hattie S. Van Sickle

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ashton Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of May, 19 42

Paul P. Stone

Notary Public, residing at Ashton Ida

My commission expires July 16-1945

(SEAL)

Signed Mrs R Mannussy

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ashton Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 14 1942 By

(REGISTRAR'S SIGNATURE)

MAY

Amended 4-1-71

PLACE OF BIRTH

319-215-022-212

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 107 File No. 84285

Primary Registration District No. 6 Registered No. 32

FULL NAME OF CHILD — — Caroline Louie Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes.	10 / 15 / 1920

FATHER	MOTHER
FULL NAME Thurman Elwood Carlson	FULL MAIDEN NAME Ethel Maurine Baker
RESIDENCE Ashton, Ida.	RESIDENCE Ashton, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Utah	BIRTHPLACE West Virginia
OCCUPATION Fireman (Locomotive)	OCCUPATION Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Caroline, at 8 A. M. (Born alive or stillborn) on the date above stated.

(Signature) W. M. Graham

Physician

(Physician or midwife)

Address Ashton Ida

Filed 10/10 1920 W. M. Graham Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
APR 1 1971
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 843285

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Carlson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1920 (Date of Event)
in Ashton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Caroline Louie Carlson
Mother's name	Ethel Minervia Carlson	Ethel Minervia Baker

Subscribed and sworn to before me this 1st day of April, 1971

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Reba D. Greenwood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file - Idaho # 302064 - gives name of mother as Caroline Louie Carlson. Child born Sept. 17, 1940.
Viewed by V.S.

APR 2 1971

Social Security Card issued 1938, # 518 26 3768 gives name as Caroline Louie Carlson Kusler.
Viewed by V.S.

A brother's birth certificate, # 180264 gives name of mother as Ethel Minerva Baker Brother Born April 5, 1930.
Viewed by V.S.

Death Certificate of mother, Ethel Minerva Carlson, maiden name Baker, Father's name James H. Baker. Mother died March 6, 1954.
Viewed by V.S.

386-21-022-386

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84286

County of Fremont

City of Ashton

Registration District No. 107 File No.

No. St.

Primary Registration District No. 6 Registered No. 31

Hospital

FULL NAME OF CHILD Virginia Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			yes.	10	11	1926

FATHER	MOTHER
FULL NAME Charles Lenard Thompson	FULL MAIDEN NAME Alice Anna Thompson
RESIDENCE Ashton, Idaho.	RESIDENCE Ashton, Ida.
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Virginia	BIRTHPLACE Colorado.
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Ashton Idaho.

Filed 10/11 1926 [illegible] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR [redacted]

DEC 23 1955

496-212-022-496

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton Ida

Registration District No. 102 File No. 84287

No. ..... St.

Primary Registration District No. 6 Registered No. 30.

Hospital .....

FULL NAME OF CHILD Emma Geneva Drollinger

Sex of Child Female, Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? yes. Date of Birth 10-12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank S. Drollinger	FULL MAIDEN NAME	Geneva Gee Drollinger
RESIDENCE	Ashton, Ida	RESIDENCE	Ashton, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

[signature] Registrar.

Address Ashton, Idaho

Filed 10/12 1920 C. C. Meacham Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1942

789-128-023-381

PLACE OF BIRTH

AMENDED 2-28-52

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Vicinity of Sweet

No. ..... St. Registration District No. 6 File No. 81288

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Eugene Farrell Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Oct. 28, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	June E. Phillips	FULL MAIDEN NAME	Mary Chambers
RESIDENCE	Sweet, Idaho	RESIDENCE	Sweet, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	"ousewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) Austin G. Byrd, M. D.

(Physician or midwife)

Address Emmett, Idaho

Filed 10-27-1920

J. L. Reynolds
Registrar.

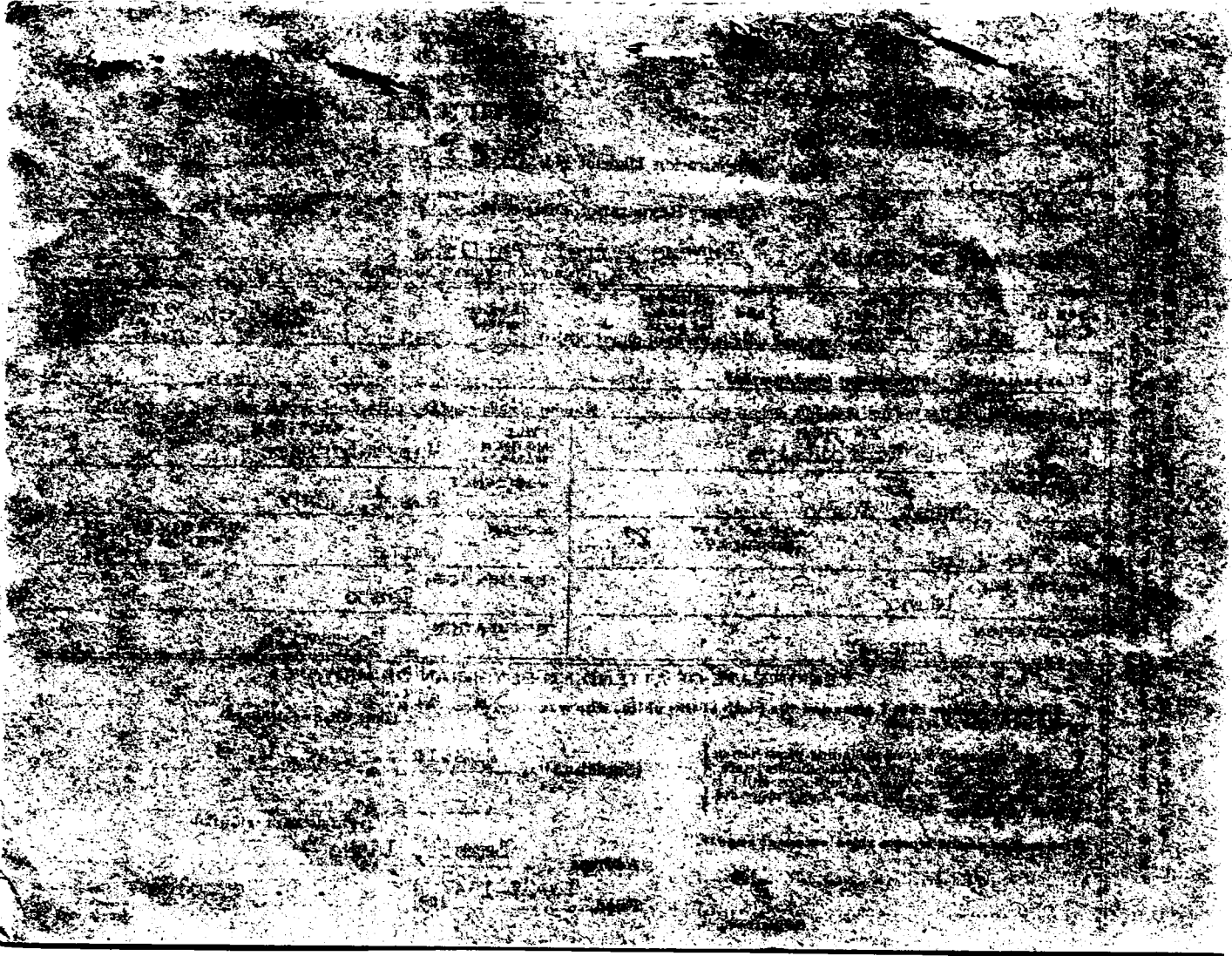
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84288

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Certificates for other children show father's name June E. who ..... on .....
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	not named	Eugene Farrell Phillips
Father's name	James Phillips	June E. Phillips

Subscribed and sworn to before me this 28th day of Feb, 1932

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mary J. Pribsey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

285-205-023-255

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6 File No. 84289

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Myrtle Agnes Shepard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		yes	Nov 5 1920

FATHER		MOTHER	
FULL NAME	William Byron Shepard	FULL MAIDEN NAME	Hester Olive Severy
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	2[illegible]
BIRTHPLACE	Minn.	BIRTHPLACE	Oregon
OCCUPATION	Mill hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett, Idaho

Filed 11/5 1920 J. L. Reynolds

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1957

259-227-023-962

PLACE OF BIRTH

County of Lem

City of Lethia

No. _____ St.

Hospital _____

Form V. S. Nov 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 84290

Primary Registration District No. _____ Registered No. _____

Full Name of Child Vivian Bernice Berglund

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: 10 (Month) 27 (Day) 1920 (Year)	

FATHER	MOTHER
FULL NAME: Carl Maurice Berglund	FULL MAIDEN NAME: Nellie Marion Rose
RESIDENCE: Lethia Idaho	RESIDENCE: Lenore
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds (Physician or midwife)

Address Emmett

Given names added from a supplemental report. _____ 19____

_____ Registrar

Filed 10/27 1920 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 6 19

OCT

698-123-023-291

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of [redacted]

No. _____ St.

Hospital _____

Registration District No. 6 File No. 84291

Primary Registration District No. _____ Registered No. _____

Full Name of Child Oxford Mowren Figart

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Oct 23 1920

	FATHER	MOTHER
FULL NAME	Alonza Lee Figart	FULL MAIDEN NAME Lucille Mabel Brandon
RESIDENCE	Sweet Idaho	RESIDENCE Sweet Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Okla.
OCCUPATION	Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 10/23 1920 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Letha

No. 433-128-023-462 St.

Registration District No. 6

File No. 84292

Primary Registration District No.

Registered No.

Hospital

Full Name of Child Donald McLeod

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Murdo McLeod	FULL MAIDEN NAME	Sybil DeMoss
RESIDENCE	Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 pm on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 11/1 1920 J. L. Reynolds
Registrar

391-129-023-556

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 9 File No. 84293

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

Full Name of Child John Loyd Craig

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Oct 22 20

FATHER	MOTHER
FULL NAME John Thermon Craig	FULL MAIDEN NAME Jane Pearl Newens
RESIDENCE Emmett Idaho	RESIDENCE Emmett
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Ohio
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. m. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett

..... Registrar

Filed 11/1 1920 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WHITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

JAN 17 1969

445-219-023-557

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 84294

Registered No. _____

Full Name of Child Jean Katherine Mann

SEX OF CHILD F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Karl L Mann	FULL MAIDEN NAME	Edith Engel
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	IOWA ~~Oregon~~	BIRTHPLACE	Oregon
OCCUPATION	Abstractor	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 15 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett Ida

Filed 11/1 1920 J L Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 6 1966

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem

Certificate No. 84294

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jean Katherine Mann (Name on Original Certificate) who born (Was Born or Died) on Oct. 19, 1920 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by my birth certificate (Bible Record, Insurance Policy, Etc.) prepared on Aug 3, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's birthplace	Oregon	Iowa
Father's age	32	34 yrs.

Subscribed and sworn to before me this 4th day of June, 1942.

J. P. Reed
Notary Public, residing at Emmett Idaho
My commission expires Feb. 17, 1942.
(Seal)

Signed Paul R Mann Father.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
405 E. First St. Emmett, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa } ss.
County of Washington

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of June, 1942.

Ella Luthly
Notary Public, residing at Brighton
My commission expires July 4-1942
(Seal)

Signed John F Mann
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 16 1965

30 1942

JUN 20 1944

855-111-023-263

PLACE OF BIRTH

County of Gem

City of Emmett

No. Country St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 84295

Primary Registration District No. Registered No.

Full Name of Child Anthony Guy Henderson

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male				yes	8/11/20

FATHER		MOTHER	
FULL NAME	Guy Henderson	FULL MAIDEN NAME	Isabell Boles
RESIDENCE	Deceased	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Emmett

Filed 9/3 1920 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-208
024-689

PLACE OF [illegible]H

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24

File No. 84296

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ruth Cooper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse F. Cooper	FULL MAIDEN NAME	Cornelia Whipple
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Washington Utah	BIRTHPLACE	Pine Valley, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Rand
Per A. Z.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida

Filed Nov 10 1920

F. J. Carymd
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb 21, 1941. E.W.

AUG 22 1960

299-206-024-614

PLACE OF BIRTH name added 5-11-82

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24 File No. 84297

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wilma Grace Sizemore

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Sizemore	FULL MAIDEN NAME	Mollie Faddis
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Lavel per A. Zingg

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Ida

Filed 11-10-1920 - F. L. Campus

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-2-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Oregon
County of Malheur } ss.

MAY 1 3 56 PM '82

Certificate No. 84297
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Sizemore (Name on Original Certificate) who was born (Was Born, Died, etc.) on 8-6-20 (Date of Event)

in Gooding (Gooding) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Sizemore	~~Wilma Grace Sizemore~~

Subscribed and sworn to before me this 5 day of April, 1982.

Notary Public, [illegible]
Residing at Ontario, Oregon
My commission expires Aug. 2, 1982
(Seal)

Wilma Grace Sizemore
X Wilma G Burns
Signature of Applicant

Route 2, Box 698, Ontario, Oregon 97914
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge. I am an older sister of Wilma Grace Sizemore.

Subscribed and sworn to before me this 8th day of April, 1982.

Notary Public, for Idaho Mary Schmitt
Residing at Gooding, Idaho
My commission expires Feb. 10, 1985
(Seal)

Edna G. Sizemore Walters
Supporting Signature

Route 2, Wendell, Idaho 83355
Street Address, City, State

1 cc pd

Original Social Security Card # 518-18-5707 date of issue is 11-23-38 gives name as Wilma Grace Sizemore. Viewed by V.S.

MAY 11 1982

Idaho Public School Diploma gives Wilma Grace Sizemore completed course of Study for Elementary School Dept in Gooding Idaho on May 23, 1935. Viewed by V.S.

269-204-024-255

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 84298

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Elizabeth Bowman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct. 4 1922

FATHER		MOTHER	
FULL NAME	Carl Bowman	FULL MAIDEN NAME	Alma Bennett
RESIDENCE	Gooding Ida.	RESIDENCE	Gooding Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25.
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	27.
		BIRTHPLACE	Nebraska.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Gooding Ida

Filed 11-10-22 19....

Registrar

Registrar

MAY 10 1943

319-206-024-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 84299

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Emily Jane Elizabeth Carpenter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Salem Carpenter	FULL MAIDEN NAME	Emily A. Peck
RESIDENCE	Gooding, Idaho	RESIDENCE	Gooding, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Ida

Filed 11-10-1920

F T Cary M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-209-024-271

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding — Registration District No. 24 — File No. 84300

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Dorothy Mildred Cleveland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes.	Oct.	9	1920

FATHER

FULL NAME: Lyle V. Cleveland

RESIDENCE: Gooding Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Mich.

OCCUPATION: R. R. Fireman

MOTHER

FULL MAIDEN NAME: Pearl Irene Sparks

RESIDENCE: Gooding Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Colo.

OCCUPATION: Home Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 A.M. on the date above stated.

(Signature) J. F. Cromwell M.D.

(Physician or midwife)

Address Gooding Ida

Filed 11-10-20 — F. L. Campbell M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR [illegible] 1942

N18-112-024-141

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of [illegible]

Registration District No. 24 File No. 84301

No. ..... Street

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Mayer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 12 1920

FATHER		MOTHER	
FULL NAME	Theopulus Mayer	FULL MAIDEN NAME	Laura Adams
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Laurel Rec. A. Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Ida

Filed 11-10 1920 F J Carymp

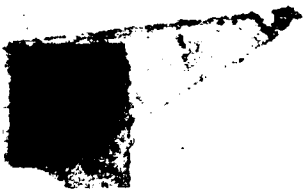
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Amended 7/31/72

719-123-024-213

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84302
Local Reg. No.
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Gooding
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bliss
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bliss
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lewis
b. (Middle): Edward
c. (Last): Parish

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Boy	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct. 23, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Francis
b. (Middle):
c. (Last): Parish

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Ind.	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ruth
b. (Middle):
c. (Last): Ballenger

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
20 YEARS	Ind.	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. T. Cary, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Gooding, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 11-10-20

22. REGISTRAR'S SIGNATURE: F. T. Cary, M.D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:
BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Elmore } ss.

Certificate No. 84302

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23, 1920 (Date of Event)
in Bliss, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Parrish	Louis Edward Parish
Fathers Name	Francis Parrish	Francis Parish

Subscribed and sworn to before me this 13th
day of February 1944
Geo. F. Patterson
Notary Public, residing at Glenns Ferry
My commission expires Feb. 14, 1948
(Seal)

Signed Ruth Ballinger Parish
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Glenns Ferry, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Elmore } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of February 1944
Geo. F. Patterson
Notary Public, residing at Glenns Ferry
My commission expires Feb 14, 1948
(Seal)

Signed Mrs. Thelma Woods
(Signature of Any Credible Person Other Than Previous Year)

Hwy Hotel Idaho
(Street Address, City, State)

JUL 3 1 1972

FEB 2 4 1944

7 26 72

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 28 9 10 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84302

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Louis Edward Parish (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23, 1920 (Date of Event)
in Bliss, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Louis	Lewis

Subscribed and sworn to before me this 26th day of July, 1972

Florence Cartright
Notary Public, residing at Boise
My commission expires 4-21-74
(Seal)

Signed Erma M. Parish (wife)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1224 Colorado St Gooding Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of July, 1972

Walter R. Jackson
Notary Public, residing at Gooding Idaho
My commission expires 5-8-72
(Seal)

Signed Ruth A. Parish (mother)
(Signature of Any Credible Person)

Route 1 Box 930-8 Jamestown, Calif.
(Street Address, City, State)

Own childs birth certificate William Duane Parish born Dec. 31, 1951 in Gooding county Wendell, Idaho State file No. 51-15651 gives fathers name as Lewis Edward Parish.
Viewed by VS

Honorable Discharge from Army of United States gives name as Lewis E. Parish. Dated Nov. 15, 1945. Signed by Robt. M. Hardway, Brigadier General, USA, Commanding. Born Oct. 23, 1920. Viewed by V. S.

299-225-024-866

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding Registration District No. 24 File No. 84303

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Marie Lynn Frances Brinton

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 26 1920

FATHER	MOTHER
FULL NAME Gilbert Brinton	FULL MAIDEN NAME Myrtle Estella Hoover
RESIDENCE Gooding, Idaho	RESIDENCE Gooding
COLOR White AGE AT LAST BIRTHDAY 41 (Years)	COLOR White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Mich
OCCUPATION Real Estate Man	OCCUPATION Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 11-10 1920 J. H. Cromwell M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 8 1945

235-226-024-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 84304

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ~~Baby Stewart~~ ELENOR AILEEN STEWART

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Roy Stewart	FULL MAIDEN NAME	Daisy Brown
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Wash -
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F T Cary MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding, Idaho

Filed 11-10- 1920

F T Cary MD
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JUN 3 1943 Certificate No. 84304

County of Gooding } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for (Name on Original Certificate) who born (Was Born or Died) on Oct. 26, 1920 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Nane	Unnamed	~~Aileen E. Stewart~~
		Elenor Aileen Stewart

Subscribed and sworn to before me this 2nd day of June, 1943

Lieuru C. O. Lucke

Notary Public, residing at Gooding Ida

My commission expires 12/2/44

(Seal)

Signed Daisy Stewart

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Gooding Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Gooding }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June, 1943

Robert L. Brinton

Notary Public, residing at Gooding

My commission expires Nov. 23-1944

(Seal)

Signed Lieuru C. O. Lucke

(Signature of Any Credible Person Other Than Previous Year)

Gooding Idaho

(Street Address, City, State)

JAN 15 1953

JUN 7 1943

914-229-024-133 ✓

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City or Gooding Registration District No. 24 File No. 84305

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Helen Madeline Ramsey

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes. | Date of Birth Oct 29 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Stanley Ramsey.

RESIDENCE Gooding, Ida

COLOR White. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Virginia

OCCUPATION Clerk in Store

MOTHER

FULL MAIDEN NAME Azetta Allin

RESIDENCE Gooding, Ida

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Virginia

OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding Ida

Filed 11-10 19 20 F. J. Campbell Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

JAN 31 1966

AUG 27 1942

DECEASED

415-130-024-433 ✓

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 84306

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth M. Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Davis	FULL MAIDEN NAME	Anna McClellan
RESIDENCE	Twin Falls	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Z

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Ida

Filed 11-10-1920 F J Carym D

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/30/41

MAY 2 [illegible]

819-101-024-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 4 File No. 84307

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dean William Harmon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 1 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Harmon	Edna M Harmon
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	7
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R N Greene

Physician
(Physician or midwife)

Address Hagerman

Filed Oct 5 1920 R N Greene Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1942

695-120-024-298

Form V. S. No. 11-C-25m-7-21-16

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 2 File No. 84308

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas HENRY Field

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 20 1920

FATHER		MOTHER	
FULL NAME	Herman H Field	FULL MAIDEN NAME	Grace D Bryant
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene

Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Sept 25 1920 R N Greene
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Elmore }

FEB 9 1942

Certificate No. 84308

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Thomas N. Field (Name on Original Certificate) who born (Was Born or Died) on Sept. 20, 1920 (Date of Event)
in Hagerman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Thomas N. Field	Thomas Henry Field
birthdate	Sept. 21, 1920	Sept. 20, 1920

Subscribed and sworn to before me this 7th
day of February, 1942.
E. Morrell
Notary Public, residing at Mtn. Home, Idaho
My commission expires June 7th, 1943.
(Seal)

Signed Herman M Field.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mountain Home, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of February, 1942.
E. Morrell
Notary Public, residing at Mtn. Home, Idaho.
My commission expires June 7th, 1943.
(Seal)

Signed Milo M. Field
(Signature of Any Credible Person Other Than Previous Year)
Mountain Home, Idaho.
(Street Address, City, State)

NOV 16 1943

662-108-024-999

Form V. S. No. 14—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 84309

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thomas Henry Owsley

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Sept 8 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Myron H Owsley	FULL MAIDEN NAME	Helen Viola Gridley
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R H Greene

Physician

(Physician or midwife)

Address Hagerman

Filed Sept 15 1920 R H Greene Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida } ss.
County of Ada }

Certificate No. 84309

Date Filed July 7th

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Owsley (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 9-8-25 (DATE OF EVENT)
in Nagelsmon (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Thomas Henry - Owsley

Subscribed and sworn to before me this 8th
day of January, 19 42.

Arthur L. Higgins
Notary Public, residing at Boise, Idaho
My commission expires 4/2/45
(SEAL)

Signed Chas. W. Abbott
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

291-104-021-632

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Goodina

City of Hagerman Registration District No. 2 File No. 84310

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ina Bew Bradley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 4 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert V Bradley	Olga B Olson
RESIDENCE	Buhl	Denmark Buhl
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Mont	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Greene

Physician
(Physician or midwife)

Address Hagerman

Given names added from a supplemental report.

..... 19.....

Filed Sept 10 1920 R H Greene

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-121-024-195

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 84311

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Glenn Carlos Belt

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: July 21 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Glenn L Belt	FULL MAIDEN NAME	Cassie Arnold
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ill.	COLOR	White
OCCUPATION	Janitor School	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Ill
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 a M. on the date above stated.

(Signature) R N Greene

Physician

(Physician or midwife)

Address Hagerman

Filed July 30 1920 R N Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

APR 5 1965

OCT 17 19

133 - 218-024-649

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 84313

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Jean Maxine Aller

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	July	18	1920

FATHER		MOTHER	
FULL NAME	Casper Aller	FULL MAIDEN NAME	Jane Fannin
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P M. on the date above stated.

(Signature) R H Greene

Physician (Physician or midwife)

Address Hagerman

Filed July 23 1920 R H Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-223-024-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 84314

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ira Garner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			2	Yes	June 23 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter V Garner	Minnie C Garner
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Greene M D

(Physician or midwife) Physician

Address Hagerman

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed July 10 1920 R N Greene Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-109-024-799

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 84315

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Jas Edward Dunn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	July 9 1919

FATHER		MOTHER	
FULL NAME	Jas F Dunn	FULL MAIDEN NAME	Agnes M Bridley
RESIDENCE	Ida Three Creek	RESIDENCE	Three Creek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-30 P M. on the date above stated.

(Signature) R N Greene MD

Physician (Physician or midwife)

Address Hagerman

Filed July 15 1919 R N Greene MD Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1942

719-22J-024-414

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman Registration District No. 21 File No. 84316

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vida Garner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			1	Yes	June 23 1920

	FATHER	MOTHER
FULL NAME	Walter V Garner	Minnie Manaker
RESIDENCE	Hagerman	Hagerman
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	26 (Years)
BIRTHPLACE	Ind	Mo
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 P M. on the date above stated.
(Born alive or stillborn)

(Signature) R H Greene MD

Physician
(Physician or midwife)

Address Hagerman

Filed July 10 1920 R H Greene
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

392-119-024 386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wagerman Registration District No. 21 File No. 84317

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Jas Andrew Lisle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 12 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	F A Lisle	Anna I Thom
RESIDENCE	Bliss Ida	Bliss
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	38
BIRTHPLACE	Iowa	Norway
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R A Greene M D

Physician (Physician or midwife)

Address Wagerman

Given names added from a supplemental report.

..... 19.....

..... Registrar

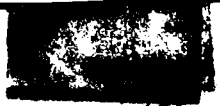
Filed July 1 1920 R A Greene Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1957



813-106-011-294

Form V. S. No. 11-C—25m-7-21-19

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84318

County of Boundary

City of Bonners Ferry

Registration District No. 79 File No.

No. St.

Primary Registration District No. 215-6 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rufus A. Hatchett	FULL MAIDEN NAME	Thomas Simmons
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Texas	BIRTHPLACE	Illinois
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. T. Fawcett

physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Bonners Ferry Ida

Filed Oct. 8th 1920. E. E. Frye Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920 288885

263-725
085-993
PLAC

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 84319

No. ..... St.

Primary Registration District No. 1001 Registered No. 58

Hospital .....

FULL NAME OF CHILD George Donald Bell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 25 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Emmerson Bell	Edna Riley
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	29
BIRTHPLACE	Cassville W. Va.	Wayne Nebr.
OCCUPATION	R.R. Agent	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) B Chipman

Physician

(Physician or midwife)

Address Grangeville Idaho

Filed Nov 1 1920 G P Stockton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296 - 24 - 026 - 235

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 103 File No. 84320

No. ..... St.

Primary Registration District No. 218 Registered No. 57

Hospital .....

FULL NAME OF CHILD Betty Carol Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 16 1920

FATHER	MOTHER
FULL NAME Arthur Earl Brown	FULL MAIDEN NAME Bertha Blessing
RESIDENCE Grangeville	RESIDENCE Grangeville
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Potosi Mo.	BIRTHPLACE Guthrie Okla.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Chipman

Physician

(Physician ~~or midwife~~)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 7 1920

G. S. Stockton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-225-025-465

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 84321

Primary Registration District No. 1001 Registered No. 56

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Oct 25 1920

FATHER		MOTHER	
FULL NAME	Arthur E Carpenter	FULL MAIDEN NAME	Clara F Donnally
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Wash.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) G S Stocklin
(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed Nov 1 1920 G S Stocklin
Registrar

433-223-025-961

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 84322

Primary Registration District No. 281 Registered No. 55

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 23 1920

FATHER		MOTHER	
FULL NAME	Wm M McClellan	FULL MAIDEN NAME	Susie K Roakey
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8. P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed Nov 1 1920 G S Stockton

Registrar

291 - 204-025-399

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 84323

Primary Registration District No. 1001 Registered No. 54

FULL NAME OF CHILD Esther Geraldine Bradley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 4 1920

FATHER		MOTHER	
FULL NAME	Jay J Bradley	FULL MAIDEN NAME	Nellie I Cridlebaugh
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oregon	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) G S Stockton

(Physician or midwife)

Address Grangeville Idaho

Filed Nov 1 1920 G S Stockton

Registrar

813 - 129 - 025 - 95 - 4

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 84324

Primary Registration District No. 2181 Registered No. 5-3

FULL NAME OF CHILD Stanford Haley Hackett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 29 1920

FATHER		MOTHER	
FULL NAME	Herbert H Hackett	FULL MAIDEN NAME	Clara Inman
RESIDENCE	Burgdorf Idaho	RESIDENCE	Burgdorf Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Arkansas
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) H. H. Hackett
(Physician or midwife) Father

Address Burgdorf - Idaho

Filed Nov 1 1920 G S Stockton
Registrar

759-208-025-767

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 84325

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Mary Theresa Geis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 8 1920

FATHER	MOTHER
FULL NAME Michael Geis	FULL MAIDEN NAME Anna Mary Poccletaed
RESIDENCE Cottonwood Ida	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Germany	BIRTHPLACE Wis.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.

(Physician or midwife)

Address Cottonwood Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 9th 1920 H B Blake

Registrar

391-207-025-542

PLACE OF BIRTH

AMENDED - JULY 8, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

Registration District No. 105 File No. 84326

Primary Registration District No. 2183 Registered No. 89

FULL NAME OF CHILD Veronica Ida Trautman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct. 7 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph J. Trautman	FULL MAIDEN NAME	Mary Ann Nuscoll
RESIDENCE	Cottonwood, Idaho	RESIDENCE	Cottonwood, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Blake, M. D.

(Physician or midwife)

Address Cottonwood, Idaho

Filed 10-15-20 H. B. Blake
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON, } ss.
County of ASOTIN }

Certificate No. 84326

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Phronica Ida Trautman (Name on Original Certificate) who was born (Was Born or Died) on October 7, 1920 (Date of Event)
in Greencreek, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 7, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Phronica	Veronica

Subscribed and sworn to before me this 29th day of June, A. D., 1949

Notary Public, residing at Clarkston, Wash.
My commission expires 2/23/52
(Seal)

Signed Mary Ann Trautman
(Signature of parent, attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. 2, Box 155, Clarkston, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON, } ss.
County of ASOTIN. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of June, A.D., 1949

Notary Public, residing at Clarkston, Wash.
My commission expires 2/23/52
(Seal)

Signed Joseph J. Trautman
(Signature of Credible Person)
Route 2, Box 155, Clarkston, Wash
(Street Address, City, State)

JUL 9 1949

25-84 - 217-025-645

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cottonwood, Ida.

City of Idaho

Registration District No. 105

File No. 84327

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Viola Mary Ann Seubert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Sept. 17 1920

FATHER	MOTHER
FULL NAME: Herman Seubert	FULL MAIDEN NAME: Regina Funke
RESIDENCE: Cottonwood Ida.	RESIDENCE: Cottonwood
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Iowa
OCCUPATION: Laborer	OCCUPATION: housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 29 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 1962

JUL 23 1949

238-120-025-115

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84328

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 91

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard Henry Schmidt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Sept. 20, 20 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: Henry Schmidt	FULL MAIDEN NAME: Elizabeth Jansen
RESIDENCE: Cottonwood Ida.	RESIDENCE: Cottonwood
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: EQ 31 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Ill.
OCCUPATION: rancher	OCCUPATION: housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Address Cottonwood, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct 29 19 20

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

565-116-025-483

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84329

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 92

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Arlie Herman vonTersch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Sept. 16 1920

FATHER	MOTHER
FULL NAME: F.Wm.vonTersch	FULL MAIDEN NAME: Marie E.Uhlenkott
RESIDENCE: Cottonwood	RESIDENCE: Cottonwood
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address Cottonwood, Idaho.

Filed Oct 29 19 20 H H Blake
Registrar

FEB 8 1968

APR 23 1951

669-128-025-365

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fenn

City of Idaho

No. ..... St.

Hospital .....

Registration District No. 105 File No. 93 84330

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD ~~Unnamed~~ Robert Claire Fortin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct. 28 1920

FATHER		MOTHER	
FULL NAME	William Fortin	FULL MAIDEN NAME	Addie Lovelace
RESIDENCE	Fenn	RESIDENCE	Fenn
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ore.	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood, Idaho.

Filed Oct 29 1920

H B Blake
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 27B—5m-1-13

BOARD OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Jerm

Street and House No.

County Idaho

Registered No. 93

Registration Dist. No.

Sex of Child male

Date of Birth Oct 28th 1920
MONTH DAY YEAR

Father William Horton
FULL NAME

Mother Addie Lovelace
FULL MAIDEN NAME

I Hereby Certify that the child described has been named:

Robert Claire Hor
GIVEN NAME IN FULL SURNAME

as reported by father
FATHER OR MOTHER

W B Burke
LOCAL REGISTRAR

MAR . . 1942

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769-112-025-965

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 105 File No. 984331

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Cornelius Gortsema

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct. 12 1920

FATHER	MOTHER
FULL NAME: Kryn Gortsema	FULL MAIDEN NAME: Saida Rose
RESIDENCE: Grangeville	RESIDENCE: Grangeville
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Holland	BIRTHPLACE: Mich.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

(Signature) Dr Wesley F. Ord

(Physician or midwife)

Address Cottonwood, Ida.

Filed Oct 29 1920 H B Blake Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-121-025-265

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84332

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

Registration District No. 105 File No. 95

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct. 21 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Emil Schott	FULL MAIDEN NAME	Minnie Koelker
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood, Idaho.

Filed Oct 29th 1920

H B Blake
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-114-025-125

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 84333

Primary Registration District No. 2184 Registered No. 52

FULL NAME OF CHILD Robert Eugene Mosher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 14 1920

FATHER		MOTHER	
FULL NAME	W. S. Mosher	FULL MAIDEN NAME	Ruby Abell
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 5 1920

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 1967

DECEASED

437-122-025-415

PLACE OF BIRTH

Form V. S. No. 11-O—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106

File No. 84334

Primary Registration District No. 2184

Registered No. 54

FULL NAME OF CHILD William Isaac McPherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 22 1920

FATHER		MOTHER	
FULL NAME	William McPherson	FULL MAIDEN NAME	Alnie Davis
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Scottsburg Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeekmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Id

..... Registrar

Filed [illegible] 19[illegible]

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1948

OCT 6 1948

713 - 27 1 - 025 - 853

PLACE OF BIRTH

County of Idaho

City of States

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6

File No. 84335

Primary Registration District No. .....

Registered No. 53

FULL NAME OF CHILD Dorothy Elizabeth Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 7 1926

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ora Orean Patterson	Ann Adelia Heck
RESIDENCE	States	States
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Missouri	Minn.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wentworth M.D

(Physician or midwife)

Address States Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1944

314-224-025-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of States

No. ..... St.

Registration District No. .....

File No. 84336

Primary Registration District No. .....

Registered No. 55

Hospital ..... Adeline

FULL NAME OF CHILD Edna Lamb

Sex of Child: Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Oct (Month) 24 (Day) 1920 (Year)

FATHER

FULL NAME: Robin Henry Lamb

RESIDENCE: States

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Washington

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ida Victoria Olsen

RESIDENCE: States

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: V. Number of children of this mother now living, including present birth: V.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M.D. (Physician or midwife)

Address States Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... V ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 84336

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Edna Adeline Lamb (Name on Original Certificate) who Born (Was Born or Died) on October 24, 1920 (Date of Event) in Stites, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 24, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edna	Edna Adeline Lamb

Subscribed and sworn to before me this 7th day of November, 1942

D. L. Emmers

Notary Public, residing at Grangeville

My commission expires 11-4-44
(Seal)

Signed Robin H Lamb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of November, 1942

D. L. Emmers

Notary Public, residing at Grangeville, Idaho

My commission expires 11-4-44
(Seal)

Signed Earl Cleghorn
(Signature of Any Credible Person Other Than Previous Year)

Grangeville, Idaho
(Street Address, City, State)

NOV 1 2 1942

468-125-025-284

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 106 File No. 84337

Primary Registration District No. 2184 Registered No. 56

FULL NAME OF CHILD Norman Henry Mohr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 25 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Mohr	FULL MAIDEN NAME	Edith Squiers
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kansas
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [illegible]

..... Registrar

Filed ..... 19.....

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 - 105 - 028 - 74

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 84338

Primary Registration District No. 2204 Registered No. 96

FULL NAME OF CHILD Chester Ray Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 5 1920

FATHER		MOTHER	
FULL NAME	Ralph C. Gardner	FULL MAIDEN NAME	Bertha ann Gardner
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Sumpter Oregon	BIRTHPLACE	Oklahoma
OCCUPATION	Auto truck driver	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Address Rose Lake

Filed 11-1 1920 J. H. Kinney Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 4 1949

693-206-028-386

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 126 File No. 84339

No. _____ St.

Primary Registration District No. 2204 Registered No. 97

Hospital _____

FULL NAME OF CHILD May Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 6 1920

	FATHER		MOTHER
FULL NAME	Leo Williams	FULL MAIDEN NAME	Mable Thornton
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Com Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10-6-2 at 10 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

M D (Physician or midwife)

Given names added from a supplemental report.

Address Harrison Ida.

_____ 19__

Filed 11-1 1922 J M Finney

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-106-028-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital Sokeview

Registration District No. 126

File No. 84340

Primary Registration District No. 2204

Registered No. 98

FULL NAME OF CHILD George Lewis Froskel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 6 1920

FATHER		MOTHER	
FULL NAME	Albert Froskel	FULL MAIDEN NAME	Isabelle Scully
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Com Sob	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney

M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed 11-1 1920 J M Finney

Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

713-208-028-595

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital Sokeowsw

Registration District No. 126

File No. 84341

Primary Registration District No. 2204

Registered No. 99

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 8 1920

FATHER		MOTHER	
FULL NAME	Wm Emmet Gallaher	FULL MAIDEN NAME	Lottie Vincent
RESIDENCE	Harrison Ida	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wash	BIRTHPLACE	Neb
OCCUPATION	Con Sob	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Harrison Ida

Filed 11-1 1920 J M Finney M D Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-115-025-412

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital Sobrevine

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 484342

Primary Registration District No. 2204 Registered No. 100

FULL NAME OF CHILD Larry Corneil

Sex of Child Mal	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gordon Corneil	FULL MAIDEN NAME	Bessie Masters
RESIDENCE	Dunsmuir Calif.	RESIDENCE	" "
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mont
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Harrison Ida

Filed 11-1 1920 J M Finney Registrar

S-Y-CO 38071

599-123-028-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 126 File No. 84343

No. ..... St.

Primary Registration District No. 2204 Registered No. 101

Hospital .....

FULL NAME OF CHILD Erickson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		6	yes	10 (Month) 23 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Severin Erickson	FULL MAIDEN NAME	Julia Ballard
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Woodsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 11 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Platt

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Maries Ida

Filed 11-1 1920 J M Finney
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-123-028-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 126 File No. 584344

No. ..... St.

Primary Registration District No. 2214 Registered No. 1

Hospital .....

FULL NAME OF CHILD Dale Frederick Grende

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis John Grende	FULL MAIDEN NAME	Lyda Opal Baughn
RESIDENCE	Rose Lake	RESIDENCE	Rose Lake
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Fertile, Minnesota	BIRTHPLACE	Peru, Indiana
OCCUPATION	Laborer in saw mill	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rose Lake, Idaho.

Filed 11-8 1920 J M Fenning

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-12-41

291 - 219-028-716

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene Registration District No. 30 File No. 84345

No. ..... St.

Primary Registration District No. 1051 Registered No. 840

Hospital .....

FULL NAME OF CHILD Catherine Francis Braune

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	Paul G. Braune	FULL MAIDEN NAME	Genevieve Mary Gaffney
RESIDENCE	Coeur d' Alene	RESIDENCE	Coeur d' Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Quebec, Can.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer, M.D.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 4 1920 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1942

FEB 6 1945

253-104-028-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

County of Kootenai

City of Coeur d' Alene Registration District No. 30 File No. 84346

No. ..... St.

Primary Registration District No. 1051 Registered No. 871

Hospital .....

FULL NAME OF CHILD Dwayne Lester Keller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct 4 1920

FATHER		MOTHER	
FULL NAME	Ray L. Keller	FULL MAIDEN NAME	Cora Mary LaVoy
RESIDENCE	Coeur d' Alene, Ida.	RESIDENCE	Coeur d' Alene, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Minn.
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer M.D.

Physician
(Physician or midwife)

Address Coeur d' Alene, Idaho.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov 4 1920 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-114-028-253

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 84347

Primary Registration District No. 1051 Registered No. 839

Full Name of Child Dwight Alfred Bucher

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births): one	and Number in order of birth: one	Legitimate? yes	DATE OF BIRTH: Oct 14 (Month) (Day) 1920 (Year)	

FATHER		MOTHER	
FULL NAME	Anthony J Bucher	FULL MAIDEN NAME	Marie Allman
RESIDENCE	Mica Idaho	RESIDENCE	Mica Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Holden

Physician

(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 4 1920 D D Drenna

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1942

556-126-028-692

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

Registration District No. 30 — File No. 84348

No. ____ St.

Primary Registration District No. 1051 — Registered No. 838

Hospital ____

Full Name of Child James Theodore Newell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	one		one	yes	Oct 26 1920

FATHER		MOTHER	
FULL NAME	Dan James Newell	FULL MAIDEN NAME	Clara Teshbuck
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 .... Number of children of this mother now living, including present birth 3 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Hoeden

(Physician or midwife)

Address Coeur d Alene Idaho

Given names added from a supplemental report.

.... 19....

Registrar

Filed Nov 4 1920 D D Drema

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1942

316 - 117 - 628 - 214

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 30

File No. 84349

Primary Registration District No. 1031

Registered No. 837

Full Name of Child Paul Wilson Lawson

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	one		one	yes	Aug 17 1920

FATHER

FULL NAME Marion Wilson Lawson

RESIDENCE Coeur d Alene Ida

COLOR White — AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Minnesota

OCCUPATION Millwright

MOTHER

FULL MAIDEN NAME Lavina Margaret Sadler

RESIDENCE Coeur d Alene Ida

COLOR White — AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Michigan

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Haeder

Physician

(Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 4 1920 D F Drennan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1961

912-121-028-865

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 916 Foster St.

Registration District No. 30

File No. 84350

Primary Registration District No. 1007

Registered No. 836

Hospital

FULL NAME OF CHILD ~~Karl~~ Andrew Rasmussen

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Oct (Month) 21 (Day) 1920 (Year)

FATHER

FULL NAME: R. C. Rasmussen

RESIDENCE: Coeur d'Alene

COLOR: White

AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Minnesota

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Verna M. Hoem

RESIDENCE: Coeur d'Alene

COLOR: White

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis L. Most

(Physician or midwife)

Address Coeur d'Alene

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov 4 1920

D. D. Brennan
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

295-220-028-433

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 84351

No. ..... St.

Primary Registration District No. 1051 Registered No. 835

Hospital .....

FULL NAME OF CHILD Beverly King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Harrison King	FULL MAIDEN NAME	Margaret Hunter McCue
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	W. Virginia
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene

..... Registrar

Filed Nov 4 1920 D D Drenna Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 8 1964

433-221-028-792

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 30

Primary Registration District No. 2051

File No. 84352

Registered No. 834

Full Name of Child Thelma Lee McCauley

SEX OF CHILD Female	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH Oct 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clinton M. McCauley	FULL MAIDEN NAME	Gertrude Gibson
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	White — AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Dayton Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a [illegible] report.

..... 19.....

Address Coeur d'Alene Ida

Filed Nov 4 1920 D D Drenna

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 19

MAY 19 1964

JUN 9 1969

APR 13 1976

MARGIN RESERVED FOR BINDING

291-123-028-153

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. _____ St.

Hospital _____

Registration District No. 30 File No. 84353

Primary Registration District No. 1051 Registered No. 833

Full Name of Child Donald Edwin Brandvold

SEX OF CHILD Male	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH Oct 23 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Edwin Julius Brandvold	FULL MAIDEN NAME Lucile Acton
RESIDENCE Coeur d Alene Ida	RESIDENCE Coeur d Alene
COLOR White — AGE AT LAST BIRTHDAY 22 (Years)	COLOR White — AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Missouri
OCCUPATION Mill worker	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 45 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Coeur d Alene Ida

Filed Nov 4 1920 D D Drenna

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

DEC 24 1942

DEC 2 1942

NOT [illegible]

[illegible] Beau[illegible]

County of Yootnea

BUREAU OF VITAL STATISTICS

Registered No. [illegible]

City or Town of Worley, Ida.

365-115-028-251

CERTIFICATE OF BIRTH

Registration Dist. No. 30 (No. ..... St.; ..... Ward)

Primary " " " 1051

FULL NAME OF CHILD Albert Loe

{ If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		1	yes	Oct 15, 1920

FATHER		MOTHER	
Full Name	Geo S. Loe	Full Maiden Name	Iva Beaudreau
Residence	Worley, Ida.	Residence	Worley.
Color	White	Color	White
Age at last Birthday (Years)	34	Age at last Birthday (Years)	23
Birthplace (State or Country)	Mo.	Birthplace (State or Country)	South Dakota
Occupation	Farmer	Occupation	H. W.

Number of child of this mother 2

Number of children, this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on Oct 15, 1920, at 10 A.M.

(Signature) Dr Claude A Lewis

(Physician or ~~Midwife~~)

Address Fairfield, Wash.

Filed Nov. 4, 1920 D. D. Dre[illegible]

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Registrar.

† Indicate [illegible] by [illegible] line through superfluous word.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

OCT 10 1967

231-210-028-65-1

PLACE OF BIRTH

County of Kootnai

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 84355

Primary Registration District No. 1051 Registered No. 831

Full Name of Child Evelyn Louise Starr

SEX OF CHILD: Female	Twin, Triplet or other? one (To be answered only in event of plural births)	and Number in order of birth: one	Legitimate? yes	DATE OF BIRTH: Sept 10 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Ralph S Starr	FULL MAIDEN NAME: Mary Emma Weatherly
RESIDENCE: Coeur d Alene	RESIDENCE: Coeur d Alene Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Arkansas
OCCUPATION: Mill man.	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-50 P. M on the date above stated.

(Signature) W N Holden

Physician

(Physician or midwife)

Address _____

Filed Nov 4 1920 D D Dreuna

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 3 1970

255-108-028-231

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital Mrs. Bose's Hospital

Registration District No. 30

Primary Registration District No. 1051

File No. 84356

Registered No. 830

Full Name of Child Stanton ~~Burr~~ Bennett.

SEX OF CHILD Male	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Sept 8 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Anthony Burr Bennett	FULL MAIDEN NAME Clara Bell Stanton
RESIDENCE Coeur d'Alene Idaho	RESIDENCE Coeur d'Alene
COLOR White — AGE AT LAST BIRTHDAY 34 (Years)	COLOR White — AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Michigan
OCCUPATION Mill Man	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d'Alene Ida

Filed Nov. 4 1920 D D Drenna

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/5/41 rmf

473-119-028-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 30 File No. 84357

No. 1018, CDA ave St.

Primary Registration District No. 1067 Registered No. 829

Hospital Residence

FULL NAME OF CHILD Gene O Upton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	5		1	yes	Oct 19 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Odes K Upton	FULL MAIDEN NAME	Darha Webster
RESIDENCE	1018. Coeur D'Alene Ave.	RESIDENCE	1018. Coeur D'Alene Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Lath Mill Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Worthington

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Coeur d'Alene Ida

Filed Nov 4 1920 D D Drennan Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1949

318-216-028-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D Alene

1/4 mile north

No. 15th & Harrison St.

Registration District No. 30 File No. 84359

Hospital Residence

Primary Registration District No. 1051 Registered No. 827

FULL NAME OF CHILD not named Dottie Louise Lahr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	S		7	Yes	Oct 16 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank J Lahr	FULL MAIDEN NAME	Dottie Brewer
RESIDENCE	1/2 Mi N. Harrison & 15th St	RESIDENCE	1/2 Mi N 15th & Harrison
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Francfor	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 05 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E. Worthington

Physician

(Physician or midwife)

Given names added from a supplemental report.

A[redacted] Coeur D Alene Idaho

19

Fil[redacted] Nov 4 1920 D D Brenna

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

552-208-028-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 84360

No. ..... St.

Primary Registration District No. 1051 Registered No. 826

Hospital .....

FULL NAME OF CHILD Irene Marian Vesser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 8 1920

FATHER		MOTHER	
FULL NAME	Edwin C. Vesser.	FULL MAIDEN NAME	Irene Harper.
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31.	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wis.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T Wood
Co Lw.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Ida

Filed Nov 4 1920 D D Drema
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1944

4/9 - 123 - 028 - 993

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 30 File No. 84361

No. ..... St.

Hospital C.D.A.

Primary Registration District No. 1051 Registered No. 825

FULL NAME OF CHILD Foster Miller Martin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S		1	yes	Oct 23 1920

FATHER	MOTHER
FULL NAME Sidney W Martin	FULL MAIDEN NAME Madge A Richard
RESIDENCE 518 Indiana Ave	RESIDENCE 518 Indiana ave
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Mont	BIRTHPLACE Michigan
OCCUPATION Woodsman	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C. E. Worthington

Physician

(Physician or midwife)

Address Coeur d Alene Idaho

Filed Nov 4 1920 D D Brenna

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

465-220-028-299

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. 30 File No. 84362

Primary Registration District No. 1051 Registered No. 824

Full Name of Child Helen Irene Monaghan

SEX OF CHILD Female	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct (Month) 20 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME William George Monaghan	FULL MAIDEN NAME Irene Edna Kirpatrick
RESIDENCE Coeur d Alene Ida	RESIDENCE Coeur d Alene Ida.
COLOR White — AGE AT LAST BIRTHDAY 26 (Years)	COLOR White — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Alpina Michigan	BIRTHPLACE Alberta, Canada
OCCUPATION Logging Contractor	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Hoeden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d Alene Ida

Filed Nov 4 1920 D D Drennan Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

City of .....

No. .....

FEB 26 1960

5-65-115-028-153

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 84363

Primary Registration District No. 1031 Registered No. 829

Full Name of Child Douglas Ward Norelius

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	one	one	yes	Aug 15 1920

FATHER

FULL NAME: Roy Norelius

RESIDENCE: Coeur d'Alene

COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Work in Lumber yard

MOTHER

FULL MAIDEN NAME: Adella Bell Anthony

RESIDENCE: Coeur d'Alene Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Pennsylvania

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician

(Physician or midwife)

Address Coeur d'Alene Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 4 1920 D. D. Drennan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1942

268-229-028-238

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 30

Primary Registration District No. 1001

File No. 84364

Registered No. 821

Full Name of Child Joan Mildred Boyer

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female	None		one	yes	Sept 29 1920

FATHER

FULL NAME Jay R Boyer

RESIDENCE Coeur d Alene

COLOR white — AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Michigan

OCCUPATION Machinist

MOTHER

FULL MAIDEN NAME Lillian Bertha Schneider

RESIDENCE Coeur d Alene Ida.

COLOR white — AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE N York

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:20 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W N Hoeden

(Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 4 1920 D W Drennan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

151-121-028-912

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. _____ St.

Hospital _____

Registration District No. 30

Primary Registration District No. 1051

File No. 84365

Registered No. 822

Full Name of Child Joseph Raymond Jeanerett

SEX OF CHILD Male	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Joseph Jeanerett	FULL MAIDEN NAME	Alva Robideau
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White — AGE AT LAST BIRTHDAY 44 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Cigar Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d'Alene Ida

Filed Nov. 4 1920 D. D. Drennan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

538-207-028-349

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 30

File No. 84366

No. _____ St.

Primary Registration District No. 1051

Registered No. 820

Hospital _____

Full Name of Child Pearl Marie Ely

SEX OF CHILD Female	Twin Triplet or other? one and Number in order of birth one (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct (Month) 7 (Day) 1920 (Year)

FULL NAME FATHER Howard Leon Ely	FULL MAIDEN NAME MOTHER Elsie Sophia Lindquist
RESIDENCE Coeur d'Alene Ida	RESIDENCE Coeur d'Alene Ida
COLOR White — AGE AT LAST BIRTHDAY 20 (Years)	COLOR White — AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Sweden
OCCUPATION Mill Man	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Coeur d'Alene Ida

Filed Nov. 4 1920 D D Drennan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1942

236-229-028-623

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Sikes, Idaho

Registration District No. 30 File No. 84367

No. ____ St.

Primary Registration District No. 1051 Registered No. 819

Hospital ____

FULL NAME OF CHILD Caelyn Naomi Stoffer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Sept 29 1920

FATHER		MOTHER	
FULL NAME	Wm Stoffer	FULL MAIDEN NAME	Naomi A. Patison
RESIDENCE	Sikes, Idaho	RESIDENCE	Sikes, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mich.	BIRTHPLACE	Minnesota
OCCUPATION	Logging Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T Evans

(Physician or midwife)

Address 1010 Sherman Ave. Coeur d'Alene Ida.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Nov 4 1920 D D Drennan

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1970
JUN 2 4 1971

464-120-028-495

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ldg

Registration District No. 30 File No. 84368

No. ..... St.

Primary Registration District No. 1051 Registered No. 818

Hospital .....

FULL NAME OF CHILD John Earl Drennan Doustine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 20 1920

FATHER		MOTHER	
FULL NAME	John Earl Doustine	FULL MAIDEN NAME	Ernestine N Drennan
RESIDENCE	Troy Ida	RESIDENCE	Troy Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	New York
OCCUPATION	Grain Dealer	OCCUPATION	Wr

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alene (Born alive or stillborn), at 10 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address CDA

Filed Nov. 4 1920 D D Drennan Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920-280770

867-115-028-43[redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 84370

No. ..... St.

Primary Registration District No. 1051 Registered No. 816

Hospital .....

FULL NAME OF CHILD Llewellyn J. Hogan. Jr.

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Sept. 15 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Llewellyn J. Hogan.	FULL MAIDEN NAME	Ellen McKenna
RESIDENCE	Coeur d'Alene, Idaho.	RESIDENCE	Coeur d'Alene, Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John F. Good Reg. Pco.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 1010 Sherman Ave. Coeur d'Alene Id.

Filed Nov. 4, 1920 D D Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 29 1971

DECLASSIFIED

369-103-028-235

[redacted]

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenia

City of Coeur d Alene

Registration District No. 30

File No. 84371

No. ..... St.

Primary Registration District No. 1051

Registered No. 815

Hospital .....

FULL NAME OF CHILD Waldo G. Corson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	Oct 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George E Corson	FULL MAIDEN NAME	Mable M Stewart
RESIDENCE	Hayden Lake.	RESIDENCE	Hayden Lake
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29. (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d Alene Ida

Filed Nov. 4 1920 D D Drennan
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-110-028-356

Amended 9-16-64

(Be sure the information is complete and accurate)

State File No. 84372
Local Reg. No. 39
Reg. Dist. No. 30

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls, Ida.
d. STREET ADDRESS (If rural, give location): R. 1

3. CHILD'S NAME (Type or print)
a. (First): Viola
b. (Middle): Wilma
c. (Last): Hinthorn

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct. (Day) 10, (Year) 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Wilmer
b. (Middle): E.
c. (Last): Hinthorn

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Ill.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Myrtle
b. (Middle): B.
c. (Last): Lewellen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Frank Wenz

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rathdrum, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 11/1/1920

20. REGISTRAR'S SIGNATURE: Frank Wenz

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

...ondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 14 1964
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 84372

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Viola Hinthorn (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1920 (Date of Event)
in Kootenai County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Viola Hinthorn	Viola Wilma Hinthorn

Subscribed and sworn to before me this 20th day of
August, 1964
Mary E. MacFarland
Notary Public, residing at Mesa, Wash.
My commission expires 2/27/65
(Seal)

Signed Myrtle Hinthorn Jennings
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mesa Wash., Box 45
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of
August, 1964
Mary E. MacFarland
Notary Public, residing at Mesa, Wash.
My commission expires 2/27/65
(Seal)

Signed Charles L. Jennings
(Signature of Any Credible Person)
Mesa, Wash. Box 45
(Street Address, City, State)

FORM DH 60-155 CL 8-4-64. one copy pd. rec. #1253.

State of Washington, County of Chelan, Marriage Certificate, married April 8, 1939 gives full name of groom as Elmer B. Ogle and full name of bride as Viola Wilma Hinthorn - viewed by V.S.

State of Washington, Notification of Birth Registration, gives full name as Terry Lee Ogle, born March 4, 1943 at Wenatchee, Washington to Elmer Bart Ogle and Viola Wilma Hinthorn - no. 118 - viewed by V.S.

259-219-028-267

No. 11-C—Mm-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Athol

Registration District No. 30

File No. 84373

No. ..... St.

Primary Registration District No. 1051. 2051

Registered No. 40

Hospital .....

FULL NAME OF CHILD Marie Martha Berg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Oct. 19. 1920

FATHER		MOTHER	
FULL NAME	James J. Berg	FULL MAIDEN NAME	Annie Koppe
RESIDENCE	Athol, Ida.	RESIDENCE	Athol - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Hungary
OCCUPATION	Section-foreman	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Ida.

Registrar

Filed 11/1. 1920 Frank Wenz Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

[redacted]

FEB 23 1958

595-107-028-336

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 173 File No. 34374

Primary Registration District No. 7701 Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Clough Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	Yes	6 7 1920

FATHER	MOTHER
FULL NAME Frank Louis Miller	FULL MAIDEN NAME Dorothy Clough.
RESIDENCE Rose Lake	RESIDENCE Rose Lake
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
COLOR White	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Saw Mill	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed 9/21 1920 Geo. D. Lesher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

METLER

Dup of 1920-182784

493-212-038 317

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ____ St.

Hospital ____

FULL NAME OF CHILD [illegible] HENRIETTA L. MILLER

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 173 File No. 84375

Primary Registration District No. 7701 Registered No. ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		4	Yes	March 17 1920

FATHER

FULL NAME Henry H Miller

RESIDENCE Coeur d'Alene

COLOR White AGE AT LAST BIRTHDAY 50 (Years)

BIRTHPLACE Canada

OCCUPATION Teamster

MOTHER

FULL MAIDEN NAME Christine Mary Lessard

RESIDENCE Coeur d'Alene

COLOR Indian AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Mont.

OCCUPATION House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7, P. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address ____

Filed 9/21 1920 Geo. S. Lasher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920 - 387283 OR ?

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Kootenai)

SEP 9 1941

Certificate No. 84375

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Henrietta L. Miller (Name on original certificate) who was born (was born or died) on March 12, 1919 (Date of event) in Cataldo, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by School Record, Insurance Policy (Bible record, insurance plcy.etc.) prepared on Sept. 1924, Nov. 1, 1938 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Henrietta L. Miller
Henrietta L. Miller		

Subscribed and sworn to before me this 5th day of September 1941

Signed X Harry B. Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

L W Butler
Notary Public
Residing at Cataldo Ida.

Cataldo, Idaho
(Street address, City, State)

My commission expires .....

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Kootenai)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September 1941

Signed X John F. Miller
(Signature of any credible person other than the previous affiant.)

L W Butler
Notary Public
Residing at Cataldo Ida.

Cataldo, Idaho
(Street address, City, State)

My commission expires Nov. 15, 1943
(SEAL)

JUN 18 1963

612 - 120 - 028 - 812

[redacted]

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of ..... Registration District No. 30 File No. 84376

No. ..... St. Primary Registration District No. 1051. 2051 Registered No. 41

Hospital .....

FULL NAME OF CHILD George Arthur Oaks

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes.	Oct. 20, 1920

FATHER		MOTHER	
FULL NAME	John Bertram Oaks	FULL MAIDEN NAME	Estella Hatch
RESIDENCE	Athol - Ida.	RESIDENCE	Athol
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	S. Dak.
OCCUPATION	merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 6.00 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Strong

Physician (Physician or midwife)

Address Rathdrum Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/1. 19 20 Frank Strong Registrar

[redacted]

MAR 18 1958

296-127-029-419

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

County of Lahah

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 84377

Primary Registration District No. 2141 Registered No. 296

FULL NAME OF CHILD Dan Luard Krogh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Sept 27 1920

FATHER		MOTHER	
FULL NAME	Arthur M Krogh	FULL MAIDEN NAME	Edna Dailey
RESIDENCE	Cedar Creek	RESIDENCE	Cedar Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Sep 27 (Born alive or stillborn), at 5 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A S Cowen

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Garfield Wash

Filed Oct 24 1920 W. H. Carithers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of In the Country near Howell

Registration District No. 61

File No. 84378

No. ..... St.

Primary Registration District No. 2041

Registered No. 304

Hospital .....

FULL NAME OF CHILD Charles Marvin Davidson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	10 11 1920

FATHER		MOTHER	
FULL NAME	Charles L. Davidson	FULL MAIDEN NAME	Lettie E. Keeny
RESIDENCE	Moscow R.F.D.	RESIDENCE	Moscow R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow Idaho

Filed Oct 24 1920 W. H. Carithers

Registrar

Registrar

249-[illegible]-029-299

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Garfield Wash RFD 1 Registration District No. 61 File No. 84379

No. _____ St. Primary Registration District No. 2141 Registered No. 306

Hospital _____

FULL NAME OF CHILD ~~[illegible]~~ ZERELDA ESTELLA SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter L. Smith	FULL MAIDEN NAME	Naomi S Kriebel
RESIDENCE	Latah County	RESIDENCE	Latah County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Wiesel

(Physician or midwife)

Given names added from a supplemental report

Address Garfield Wash

Zerelda Estella Smith 19

W. C. Murphy State Registrar

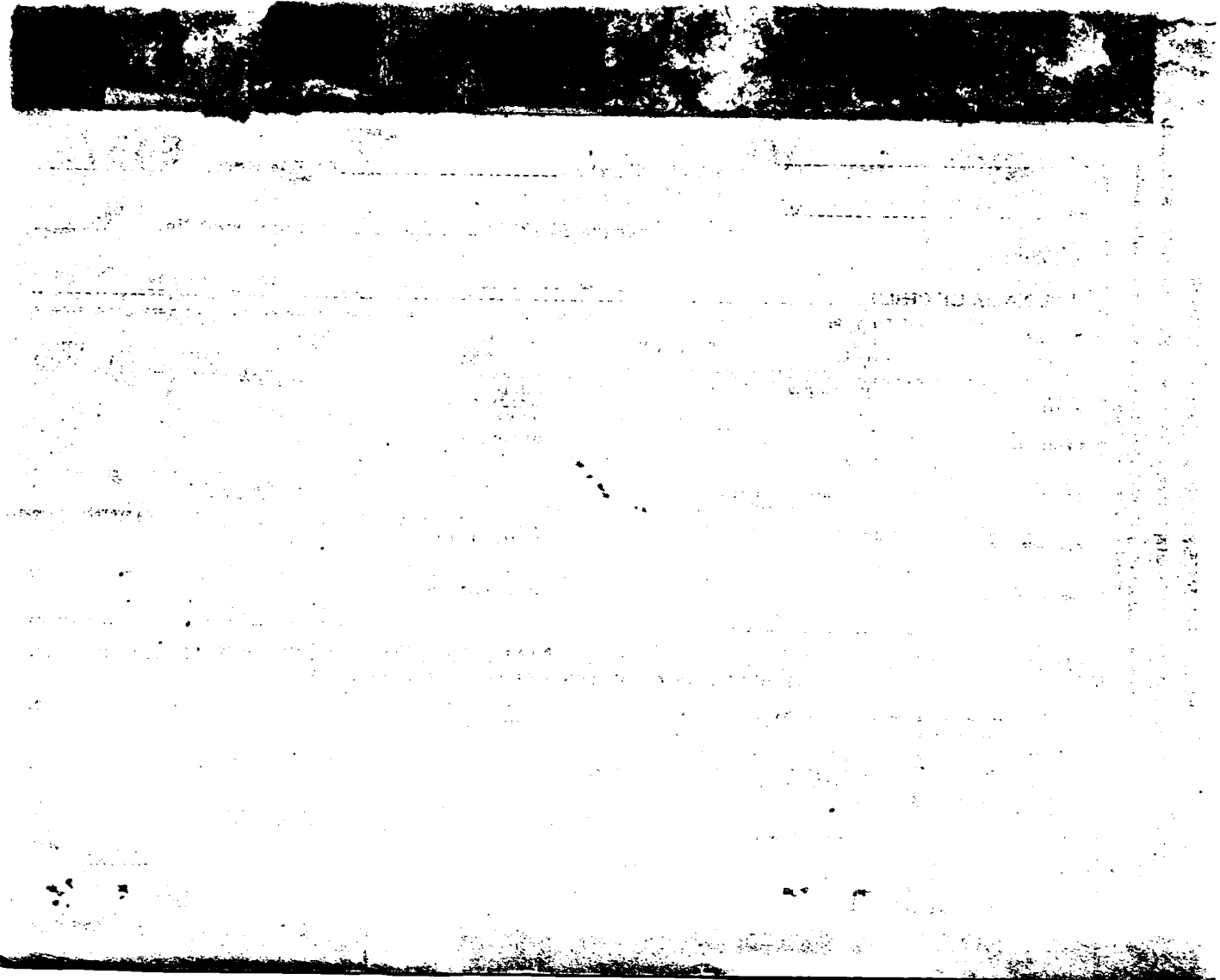
Filed Oct 24 1920 W H Carothers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



259-218-029-652

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 84381

No. ..... St.

Primary Registration District No. 1011

Registered No. 305

Hospital .....

FULL NAME OF CHILD Victoria Rosamund Berglund

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Albin Berglund	FULL MAIDEN NAME	Elin Amanda Westberg
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	S. Dak.	BIRTHPLACE	Troy, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Wirk

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Moscow Idaho

Filed Oct 24 1920 W. H. Carithers

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 23 1973

JAN 3 1944

263-210-029-238

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 - So. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 84382

Primary Registration District No. 1011 Registered No. 303

FULL NAME OF CHILD Rose Elvador Boller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	Oct 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Boller	FULL MAIDEN NAME	Henrietta Scharbach
RESIDENCE	Pollatch Idaho	RESIDENCE	Pollatch, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Pollatch	BIRTHPLACE	Kentinville, Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 55 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Registrar

Filed Oct 24 1920 W. H. Carothers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/23/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. JAN 14 8 36 AM '77

Certificate No. 84382

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Boller (Name on Original Certificate) who was born (Was Born or Died) on October 10, 1920 (Date of Event)

in Moscow, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Boller	Rose Elvador Boller

Subscribed and sworn to before me this 10th day of February, 1977

Notary Public, residing at Superior Mont

My commission expires Sept. 3, 1978

(Seal)

Signed Donald L. Skiles

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 5c Superior Mont

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 lcc pd. Rec.#05777 1-24-77

MAR 1977

Notification of Birth registration gives nameas Arthur Eugene Skiles born May 12, 1940 at Potlatch, Idaho. father's nameas Donald Leon Skiles and mother's nameas Rose Elvador Boller. viewed by V. S.

Birth certifi from Potlatch Hospital gives nameas Rose Marie Skiles born Nov 16, 1943 father's nameas Donal Leon Skiles and mother's name as Rose Elvador Boller. viewed by V. S.

Official Voters Registration card from Montana gives nameas Rose Elvador Skiles. born Oct 10, p920. dated Sept. 16, 1954. viewed by V. S.

553-108-029-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61 File No. 84383

Primary Registration District No. 1011 Registered No. 302

FULL NAME OF CHILD — Charles Darold Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes.	10 - 8 - 1920

FATHER		MOTHER	
FULL NAME	Frudolph L. Nelson.	FULL MAIDEN NAME	Hannah Peterson
RESIDENCE	916 South Jefferson St.	RESIDENCE	916 South Jefferson St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Filed Oct. 24 1920 W. H. Carothers

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-108-029-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61 File No. 84384

No. ..... St.

Hospital Inland Empire

Primary Registration District No. 1011 Registered No. 301

FULL NAME OF CHILD Lewis Edwin Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Eugene Wilson	FULL MAIDEN NAME	Willetta Burnham
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Express Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Oct 24 1920 W. H. Carothers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1942

395-105-029-497

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 S. Main St.

Hospital The Gritman

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 61 File No. 84385

Primary Registration District No. 1011 Registered No. 300

FULL NAME OF CHILD John Wesley Linvallen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	10 / 5 / 1920

FATHER		MOTHER	
FULL NAME	Jos. W. Linvallen	FULL MAIDEN NAME	Florence Dix
RESIDENCE	Moscow	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Vancouver, Wash
OCCUPATION	Dealer in Elec. Supplies	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:22 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman

Physician

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 24 19 20 W. H. Carothers

Registrar

SEP 2 1942

389-103-029-754

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84386

County of Latah

City of Moscow — Registration District No. 61 — File No.

No. 727 E. 6th St. — Primary Registration District No. 1011 — Registered No. 299

Hospital

FULL NAME OF CHILD Robert Elwin Christenson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 3 1920

FATHER	MOTHER
FULL NAME: Frank Christenson	FULL MAIDEN NAME: Carrie Gemmeke
RESIDENCE: 727 E. 6th St	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Moscow, Idaho	BIRTHPLACE: Sunwood, Wisconsin
OCCUPATION: Teamster	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 M. on the date above stated.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

Filed Oct 24 1920 W. H. Carothers
Registrar

JUN 25 1970

859-10 - 629-234

ADDED NAME AMEND DAY OF BIRTH
11-27-84 dl

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61

File No. 24387

Primary Registration District No. 1011

Registered No. 298

FULL NAME OF CHILD Donald Louis Herman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	/		/	yes.	Oct 24 1930

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Herman	Mary Kluss
RESIDENCE	Genesee R. F. D.	Genesee R. F. D.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		29
BIRTHPLACE	Near Uniontown, Wash.	Genesee (near)
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Charles L. Gritman

Physician

(Physician or midwife)

Address Moscow, Idaho

Filed Oct 24 1930 W. H. Carothers
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-9-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Montana
County of Missoula } ss.

Certificate No. 84387
Date Filed
birth

The undersigned does solemnly swear that certain facts on the certificate of _____

for Unnamed Herman (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 2, 1920 (Date of Event)

in Moscow (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Donald Louis Herman
date of birth	Oct 2, 1920	Oct 4, 1920

Subscribed and sworn to before me this 16 day of November, 1984
Notary Public, Lois Hanger
Residing at Missoula
My commission expires 2-17-86
(Seal)

X Donald Louis Herman
Signature of Applicant
X 3332 El Dora, Missoula Mt 59803
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana
County of Missoula } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of November, 1984
Notary Public, Lois Hanger
Residing at Missoula
My commission expires 2-17-86
(Seal)

Esther P. Herman
Supporting Signature
3332 El Dora Dr. Missoula Mt.
Street Address, City, State 59803

1 cc pd

Military record lists Donald Louis Herman born Oct. 4, 1920 in Genesee, Idaho was discharged Dec 9, 1945. Viewed by V.S.

NOV 27 1984

Identification Card from Armed Forces lists Donald Louis Herman born Oct 4, 1920. Date of Issue April 30, 1968. Viewed by V.S.

415-201-029-817

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 823 S. Washington St.

Hospital

Registration District No. 61 File No. 84388

Primary Registration District No. 1011 Registered No. 297

FULL NAME OF CHILD Mildred Katharine Mannerstam Mannerstam

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Oct. 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John B. Mannerstam Mannerstam	FULL MAIDEN NAME	Elin Emilia Hagstrom
RESIDENCE	823 South Washington	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Same
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow, Idaho.

Filed Oct 24 1920 W.H. Carithers Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 18, 1940. L.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

No. 11-C—20m-8-15-12

County [redacted]

City of Moscow Registration District No. 6 File No. 24389

No. St. Primary Registration District No. 1011 Registered No. 295

Hospital Inland Empire

FULL NAME OF CHILD Anna Maxine Draper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 26 1920

FATHER	MOTHER
FULL NAME Arthur J. Draper	FULL MAIDEN NAME Anna Guenmere
RESIDENCE Moscow Ida.	RESIDENCE Moscow Ida
COLOR White AGE AT LAST BIRTHDAY 46 (Years)	COLOR White AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Hatfield

Osteopath (Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 30 1920 W. H. Carruthers
Registrar

S-Y CO. 20174

OCT 27 1943

[redacted]

265-720-029-112

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

F. V. S. No. 11-C—25m-9-8-17

Registration District No. 64 File No. 84390

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Clyde Raymond Swenson

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth 4 | Legitimate? Yes. | Date of Birth Oct 20 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Bert S Swenson

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Jackson Minn

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Christina Aakre

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Iowa

OCCUPATION Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. at 6 A.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C K Lemke

(Physician or midwife)

Given names added from a supplemental report.

Oct 30 1920 Address Troy Idaho

J. E. Pickerd Registrar Filed Oct 30 1920 J. E. Pickerd Registrar

DEC 2 19

313-225-1029-455

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84391
Local Reg. No.
Reg. Dist. No. 64

Amended 7/24/78

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Troy
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Troy
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Maudie
b. (Middle): Louise
c. (Last): Caldwell

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 25, 1920

Time: 8:00 PM

FATHER OF CHILD

7. FULL NAME
a. (First): Ralph
b. (Middle): Eugene
c. (Last): Caldwell

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Hartford, South Dakota

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Maude
b. (Middle): Faith
c. (Last): Rendell

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Carbondale, Kansas

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 6
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. K. Henkle

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Troy, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct 22, 1920

22. REGISTRAR'S SIGNATURE: J. E. Pickerd

23. DATE ON WHICH GIVEN NAME ADDED: Oct. 22, 1920 BY J. E. Pickerd Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record Typewriter Ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 22 1968
Bureau of Vital Statistics

State of California } ss.
County of Los Angeles }

Certificate No. 84391

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Maudie Louise Colwell (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1920 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname spelling	Colwell	Caldwell (in all instances)
		Sister

Subscribed and sworn to before me this 14th day of April, 19 56

Signed Mrs Myrtle Wright
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Long Beach Calif
My commission expires January 8 1958
(Seal)

316 West 12th Long Beach Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

DPH 52.155

Family Bible lists name as Maudie Louise Caldwell born Sept. 25, 1920 to Ralph Eugene Caldwell at Troy, Idaho:

Real Estate statement lists name of father as Ralph Caldwell father of Maudie Caldwell. Daughter Maudie listed as an heir. Dated April 11, 1936 in Topeka Kansas.
Viewed by V. S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84391

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Maudie Louise Caldwell (Name on Original Certificate) who was born (Was Born or Died) on Sept 25, 1920 (Date of Event)
in Troy, Idaho (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's maiden name	Martha Faith Rundell	Maude Faith Randell

Subscribed and sworn to before me this ..... day of
....., 19..

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

CL 4/12/78 1cc pd.

Marriage certif of Ralph E. Caldwell and Maude F. Rendell. dated July 17, 1909. viewed by V. S.

769-216-029-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 84392

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Elsie Irene Gorset

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		3	yes	Sept 16 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Iver Gorset	FULL MAIDEN NAME	Flora Paine
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Dakota
OCCUPATION	Stationary Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Henkle

Physician
(Physician or midwife)

Given names added from a supplemental report.

Oct 20 1920 Address Troy Idaho

J. E. Pickerd Registrar Filed Oct 20 1926 J. E. Pickerd Registrar

DEC 29 1941

291-215-029-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 84393

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Dorothy Lucille Kramer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	\		\	yes	Oct (Month) 15 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John P. Kramer	FULL MAIDEN NAME	Beatrice Fowler
RESIDENCE	Potlatch, Id.	RESIDENCE	Potlatch, Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 05 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch, Idaho

Filed Oct 20 1920 J. W. Thompson per PJL Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 1942

249-109-029-366

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Potlatch

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 84394

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Lyle Ellis Burden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Sept 9 1920

FATHER		MOTHER	
FULL NAME	Delmar Ellis Burden	FULL MAIDEN NAME	Freda Mae Coffey
RESIDENCE	Potlatch, Id	RESIDENCE	Potlatch Id.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6. ft. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Paul J. Lewis, M.D.

(Physician or midwife)

Address Potlatch, Id.

Filed Sept 18 1920 T. W. Thompson per MH Registrar

515-217-029-395

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 970 Spruce St.

Hospital

Registration District No. 65 File No. 84395

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Billy Marie Vonderholm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 17 1920

FATHER	MOTHER
FULL NAME Oscar N. Vanderholm	FULL MAIDEN NAME Lena Belle Lindsay
RESIDENCE 970 Spruce Potlatch Ida	RESIDENCE Potlatch Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Washington
OCCUPATION Motorman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn), at 9 45 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ernest J Heinz MD

(Physician or midwife)

Address Potlatch Ida

Filed Oct 11 1920

W. T. Knowlson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1943

314-125-029-793

[redacted] V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF [redacted]

County of Latah

City of Potlatch

No. 940 Lavch St.

Registration District No. 65 File No. 84396

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Marvin Grant Lamb.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Sept 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Walter Lamb.	FULL MAIDEN NAME	Gertrude Gillaspay
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebrasca	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.50 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heni [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Potlatch Ido

19

Registrar

Filed Oct 11 1920 J. W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 2 1942

814-117-029-855

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 84397

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD John ~~Joseph~~ Henderson Haughawout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	Oct 17 1920

	FATHER	MOTHER
FULL NAME	Joseph Henderson Haughawout	FULL MAIDEN NAME Florence M. Henderson
RESIDENCE	Potlatch, Id	RESIDENCE Potlatch, Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE S. Dakota
OCCUPATION	steam-fitter	OCCUPATION housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis M.D.
(Physician or midwife)

Address Potlatch, Id

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Oct 21 1920 J. W. Thompson per eff Registrar

DEC 14 1946

OCT 5 1951

213-116-029-968

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 84398

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD William Eugene Balch

Sex of Child male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Oct (Month) 16 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME John Lewis Balch	FULL MAIDEN NAME Mabel Pearl Rohlf
RESIDENCE Potlatch, Id	RESIDENCE Potlatch, Id
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Wash.	BIRTHPLACE Iowa
OCCUPATION laborer	OCCUPATION housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

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Registrar

(Signature) Paul J. Lewis MD.
(Physician or midwife)

Address Potlatch, Idaho

Filed Oct 22 1920 J. W. Thompson Registrar
per PJL

MAY 2 1952

MAY 1 1944

319-223-029-262

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 84399

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Genevieve Beulah Carr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	\		\	yes	Oct 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Carr	FULL MAIDEN NAME	Chrissie M. Koker
RESIDENCE	Potlatch Id	RESIDENCE	Potlatch Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch Idaho

Filed Oct 25 1920 J. W. Thompson per P.J.L. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1974

238-117-029-795

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Harward

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 84400

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Edward John Schott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	\	\	yes	Oct 17 1920

FATHER		MOTHER	
FULL NAME	Matt Schott	FULL MAIDEN NAME	Catherine Pierre
RESIDENCE	Harward, Id	RESIDENCE	Harward, Id
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Alsace - France	BIRTHPLACE	Minnesota
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 ft. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

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Registrar

(Signature) Paul J. Fewes MD
(Physician or midwife)

Address Potlatch Id

Filed Oct 30 1920 J. W. Thompson
Registrar

665-22[illegible]029-43[illegible]

PLACE OF [illegible]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fa[illegible]

City of Pot[illegible]

Registration District No. 65 File No. 84401

No. ..... St.

Hospital ..... Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Alma Doris Owens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	\		\	yes	Oct (Month) 23 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Reace E. Owens	FULL MAIDEN NAME	Effie May McKinney
RESIDENCE	Potlatch, Id	RESIDENCE	Potlatch, Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch, Id

Registrar

Filed Oct 29 1920 J. W. Thompson per [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated, and the number of each, in order of birth stated.

[redacted]

AUG 12, [illegible]

269-127-929-293

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 84402

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Arthur Lewis Sorweide

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	\		\	yes	Oct 27, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John M. Sorweide	FULL MAIDEN NAME	Ethel C. Ketsmilner
RESIDENCE	Potlatch, Id	RESIDENCE	Potlatch, Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul J. Lewis

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Potlatch, Idaho

Filed Oct 31 1920 J. W. Thompson per P.J.L. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1945

567-108-029-155

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 24403

No. ____ St.

Hospital Bovill Hosp.

Primary Registration District No. 2146 Registered No. ____

FULL NAME OF CHILD Francis Eugene Nogle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	October 8th 1920

FATHER		MOTHER	
FULL NAME	Clair Garfield Nogle	FULL MAIDEN NAME	Elsie Florence Andrews
RESIDENCE	Helmer Idaho	RESIDENCE	Helmer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Logger	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.C. Gibson
Physician
(Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed 10/15 1920 Mrs A.C. Gibson
Registrar

315-103-029-619

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Zalah

City of Kendrick

Registration District No. 68 File No. 84404

No. — St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Floyd Candler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	5 (Month) 3 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME W. L. Candler	FULL MAIDEN NAME Flora Waite
RESIDENCE Kendrick	RESIDENCE Kendrick
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Marshal N. C	BIRTHPLACE Dayton Wash
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Kelly MD
Kendrick Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 8 1920 R. F. Pepper
Registrar
Julia Carter

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 319-125-030-253

[redacted] OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of [redacted]ley

Registration District No. 41 File No. 84405

No. ..... St.

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lester Wilmer Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Sept 25 1920

FATHER		MOTHER	
FULL NAME	Charles Augustus Carlson	FULL MAIDEN NAME	Elsie Salway
RESIDENCE	Reuben	RESIDENCE	Reuben
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer M.D.
(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/10 1920 M. Deering Greene Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

296-201-030-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

Registration District No. 41 File No. 84406

No. ____ St.

Primary Registration District No. 2116 Registered No. ____

Hospital ____

FULL NAME OF CHILD Aloha-Jene Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.	—	—	yes	Oct 1 1920

FATHER	MOTHER
FULL NAME Kenneth Earle Brown	FULL MAIDEN NAME Lucile Powell
RESIDENCE Salmon	RESIDENCE Salmon
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Nebraska
OCCUPATION Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

Physician (Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/10 1920 M. Deering Greene

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1958

296-107-030-296

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 84407

Primary Registration District No. 116 Registered No. ____

FULL NAME OF CHILD John Walter Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	—	—	yes	Sept 7 1912

FATHER	MOTHER
FULL NAME Walter S. Brown	FULL MAIDEN NAME Ella Brown
RESIDENCE Salmon	RESIDENCE Salmon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE New York	BIRTHPLACE Missouri
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

(Signature) Chas F. Hammer

Physician (Physician or midwife)

Address Salmon, Idaho

Filed 11/10 1920 M. Dering Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1948

819-126-030-175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 84408

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Frank Lee Harris

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m	—	—	yes	8/26/20

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frank Allen Harris	FULL MAIDEN NAME Minnie Lee Agee
RESIDENCE Salmon	RESIDENCE Salmon
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE New York	BIRTHPLACE Missouri
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hamner

Physician (Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/10 1920 M. Deringheene Registrar

S-Y-CO 38071

MAR 24 1943

299-212-030-814

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 89409

Primary Registration District No. 2116 Registered No. ____

FULL NAME OF CHILD Agnes Ellen Bird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes	July 17 1920

FATHER	MOTHER
FULL NAME: Kenneth Maxwell Bird	FULL MAIDEN NAME: June Hammond
RESIDENCE: Salmon	RESIDENCE: Salmon
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Illinois
OCCUPATION: Rancher	OCCUPATION: Housework

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4A M. on the date above stated.

(Signature) Chas. F. Hammond

Physician (Physician or midwife)

Address Salmon, Idaho

Filed 11/10 1920 M. D. Irving Greene Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-209-030-419

PLACE OF BIRTH

County of Lincoln

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 84410

Primary Registration District No. 216 Registered No. .....

FULL NAME OF CHILD Mattie Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
f.			Yes	July 9 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Wm. LeRoy Moore	FULL MAIDEN NAME Blanche Martin
RESIDENCE May	RESIDENCE May
COLOR W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Minnesota
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

Physician (Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/10 19.20 M. Deering Greene Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

842-124-030-238

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 84411

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Eugene Gilbert Hussey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			Yes	Aug 24 1917

FATHER	MOTHER
FULL NAME Frank Gilbert Hussey	FULL MAIDEN NAME Clara Amelia Schmitz
RESIDENCE Salmon	RESIDENCE Salmon
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR W.	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Rambler	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

Physician

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19 .....

..... Registrar

Filed 11/10 1920 M. Dering Greene

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 29 1945

966-127-030-415

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 84412

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Charles Leighton Rowe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Oct 27 1920

FATHER	MOTHER
FULL NAME: Chester Leighton Rowe	FULL MAIDEN NAME: Ruth Mansfield
RESIDENCE: Salmon	RESIDENCE: Salmon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Montana	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 6 45 P M.

(Signature) Chas F. Hammer M.D.
(Physician or midwife)

Address Salmon Idaho

Filed 11/10 1920 M. Deering Greene
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-223-030-415

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 41 File No. 84413

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Helen Bloomsberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Aug 23 1920

FATHER		MOTHER	
FULL NAME	Walter Glen Bloomsberg	FULL MAIDEN NAME	Helen Daniels
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Washington	BIRTHPLACE	Penn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Salmon Idaho

Filed 11/10 1920 M. Dering Greene

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-110-030-747

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Registration District No. 41 File No. 84414

Primary Registration District No. 216 Registered No. .....

Hospital .....

FULL NAME OF CHILD Chesley Jordan Peterson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 10 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nathan Peterson	Ethel Pugh
RESIDENCE	Leadore	Leadore
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Utah	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) Chas. F. Hammer M. D.

(Physician or midwife)

Address Salmon, Idaho

Filed 11/10 1920 M. Dering Greene
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1943

MAY 24 1943

JAN 31 [illegible]

315-127-030-415

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-20

Registration District No. 41 File No. 84415

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD ..... JOSEPH HENRY Cannon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 27 1920

FATHER		MOTHER	
FULL NAME	William James Cannon	FULL MAIDEN NAME	Bessie Mecum
RESIDENCE	Leadore	RESIDENCE	Leadore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer M.D.

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 1 1920

W. Deering Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of LEMHI } ss.

Certificate No. 84415
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death) for NO NAME (Name on original certificate) who WAS BORN (Was born or died) on OCTOBER 27, 1920 (Date of event) in SALMON, IDAHO (Place of event) were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Cannon	Joseph Henry Cannon

Subscribed and sworn to before me this 3rd day of DECEMBER 1941

Maurine C. McBride

Notary Public, residing at SALMON, IDAHO

My commission expires 12/1/44

[SEAL]

Signed Bessie Moore Cannon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SALMON, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of LEMHI } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of DECEMBER, 1941

Maurine C. McBride

Notary Public, residing at SALMON, IDAHO

My commission expires 12/1/44

[SEAL]

Signed Fred Miller
(Signature of any credible person other than the previous affiant.)

Salmon, Idaho
(Street Address, City, State)

Received for filing on DEC 4 1941 By
(Registrar's signature)

MAR 15 1985

291-124-030-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 41 File No. 84416

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Lee C Bradley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 24 1920

FATHER		MOTHER	
FULL NAME	Lee C Bradley	FULL MAIDEN NAME	Dolly Cole
RESIDENCE	Sandy Creek	RESIDENCE	Sandy Creek
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colo	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wright M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon, Idaho

Filed 11/10 1920 M. Dering Greene

Registrar

Registrar

[redacted]

JUL 1 2 1965

652-103-030-556

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 84417

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD ~~John Oscar~~ Arden Westfall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 3rd 1920

FATHER		MOTHER	
FULL NAME	John Oscar Westfall	FULL MAIDEN NAME	Alice Newby
RESIDENCE	Shoup	RESIDENCE	Shoup
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo	BIRTHPLACE	Nevada
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3-15 A M. on the date above stated.

(Signature) F B Wright MD

(Physician or midwife)

Address Salmon, Idaho

Filed 11/10 1920 M. Dering Greene
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1 1958

249-121-030-316

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 84418

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD FREDRICK WILLIAM Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct-21 1920

FATHER		MOTHER	
FULL NAME	Alvin J. Smith	FULL MAIDEN NAME	Jewel Lansdale
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Colo	BIRTHPLACE	Texas
OCCUPATION	Miner	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Salmon Idaho

Filed 11/10 1920 M. Dering Greene Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Denver }

Certificate No. 84418

FEB 16 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Frederick William Smith (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 21 - 1920 (DATE OF EVENT) in Salmon, Idaho (PLACE OF EVENT) ~~are incorrect or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record & Ins. Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1930 - (Unknown) (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Smith	Fredrick William Smith

Subscribed and sworn to before me this 13th day of February, 19 42

Susan T. Shell

Notary Public, residing at Denver Colo.

My commission expires My Commission expires October 22, 1944 (SEAL)

Signed x Mrs. Jewel M. Smith

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1126 E 17th Denver Colo.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires ..... (SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 16 1942 By .....

(REGISTRAR'S SIGNATURE)

FEB 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-[redacted]-036-356

PLACE OF BIRTH

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont

Registration District No. 30

File No. 84419

No. ..... St.

Primary Registration District No. 2129

Registered No. 44

Hospital .....

FULL NAME OF CHILD Evaloner May Larrick

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct. 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Richard Larrick	FULL MAIDEN NAME	Irene Lewis
RESIDENCE	Craigmont, Ida.	RESIDENCE	Craigmont, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Warby

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Craigmont Idaho

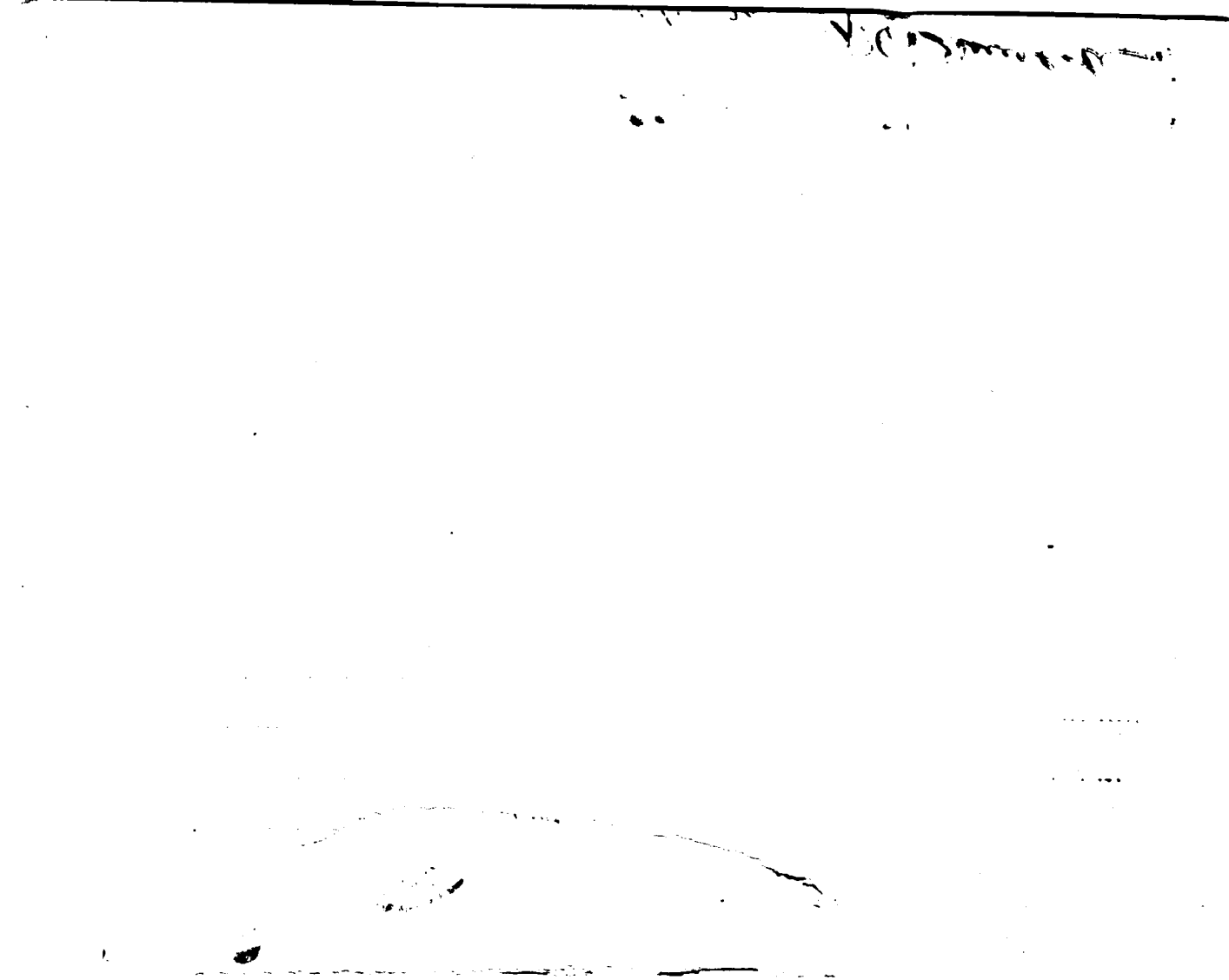
..... 19.....

Filed 11/1 1920 R. E. Dunlop

Registrar

Registrar

K



291.-120-031-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Mohler, Ida.

No. ..... St.

Hospital .....

Registration District No. 50

Primary Registration District No. 2129

File No. 84420

Registered No. 45

FULL NAME OF CHILD ------Harold Lee Brannan

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	--	--	Yes	Oct 20 1920

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Harley Brannah	FULL MAIDEN NAME: Luella Smith
RESIDENCE: Mohler, Ida.	RESIDENCE: Mohler, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: Max 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Oakdale, Wash.	BIRTHPLACE: Iowa
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at 5.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Craigmont Idaho.

Filed 11/1 1921 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT REC

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate named ffom card 10/13/41 Z.J.

OCT 15 1941

819-216-031-451

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

County of Lewis

City of Nezperce R#2

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 50 File No. 84421

Primary Registration District No. 2129 Registered No. 46

FULL NAME OF CHILD Elizabeth Hart

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct. (Month) 16 (Day) 1920 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John F. Hart	FULL MAIDEN NAME	Wauneta Mead
RESIDENCE	Nez Perce, Ida.	RESIDENCE	Nez Perce, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Darby

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Craigmont, Idaho

Filed 11/1 1920 R. A. Dunlop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-111-031-215

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. 49 File No. 84422

Primary Registration District No. 2428 Registered No.

FULL NAME OF CHILD Richard Arthur Simler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Simler	FULL MAIDEN NAME	Mildred Sanders
RESIDENCE	Woodland Id	RESIDENCE	Woodland Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Bryan M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Kamiah Id.

Filed 11/8 1920 C. J. Johnson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1944

533-110-021-469

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 84423

Primary Registration District No. 2428 Registered No. _____

FULL NAME OF CHILD JOHNNIE HAROLD ELLER

Sex of Child Male | Twin, Triplet or other? _____ and Number in order of birth 7 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10-10 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Henry Eller	FULL MAIDEN NAME Margretta Dorithy
RESIDENCE Kamiah	RESIDENCE Kamiah
COLOR White	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Indiana	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 33 (Years)
	BIRTHPLACE Iowa
	OCCUPATION Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 00 M. on the date above stated.

(Signature) E Taylor MD

(Physician or midwife)

Address Kamiah Idaho

Filed 11/8 1920 C J Johnson

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Lewis }

Certificate No. 84423

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 84423 Birth (Birth or Death)
for Herald Eller (Name on Original Certificate) who Born (Was Born or Died) on Oct 15 - 1920 (Date of Event)
in Kamiah Ida Lewis Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Oct 15 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Herold Eller	Johnnie Harold Eller

Subscribed and sworn to before me this 20
day of Feb 1942.

J. E. Helt
Notary Public, residing at Kamiah
My commission expires 4-1-1944
(Seal)

Signed Margaret E. Eller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Crescent City Coffiff
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Lewis }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of Feb 1942.

J. E. Helt
Notary Public, residing at Kamiah
My commission expires 4-1-44
(Seal)

Signed Mrs Lollie F Lepley.
(Signature of Any Credible Person Other Than Previous Year)

Kamiah Ida
(Street Address, City, State)

FEB 28 1942

641-117-031-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Lewis

City of Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 84424

Primary Registration District No. 2428 Registered No. .....

FULL NAME OF CHILD JAMES EUGENE OMANS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	4	yes	Oct. 17th 1920

FATHER		MOTHER	
FULL NAME	R. W. Omans OMANS	FULL MAIDEN NAME	Carrie Kalmargan
RESIDENCE	Kamiah Id	RESIDENCE	Kamiah Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Bryan M. D.

(Physician or midwife)

Given names added from a supplemental report.

James Omans 11/8 1920

C. J. Johnson
Registrar

Address Kamiah Idaho

Filed 11/8 1920 C. J. Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 84424

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Omans (Name on Original Certificate) who Born (Was Born or Died) on 10/17/20 (Date of Event)
in Kamiah Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Oct. 17 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Omans	James Eugene Omans

Subscribed and sworn to before me this 6th
day of March, 1942.

Notary Public, residing at Clarkston, Wash.

My commission expires 5-2-42
(Seal)

Signed Leavar B. Omans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5th & Elm Clarkston wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nezperce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of March, 1942.

Notary Public, residing at Pierce Idaho

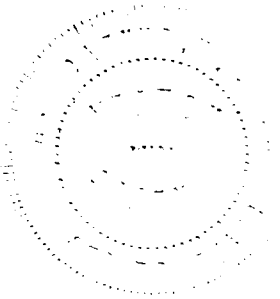
My commission expires April 1, 1944
(Seal)

Signed Pearl Quindara
(Signature of Any Credible Person Other Than Previous Year)

Pierce Idaho
(Street Address, City, State)

JUN 1 [illegible]

JUN 2 1942



293-101-031-463

PLACE OF BIRTH

County of Lewis

City of Kamiah

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 49 File No. 84425

Primary Registration District No. 428 Registered No. .....

FULL NAME OF CHILD Kitchen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 1, 1920

FATHER		MOTHER	
FULL NAME	William Kitchen	FULL MAIDEN NAME	Francis Ernestine Doty
RESIDENCE	Kamiah	RESIDENCE	Kamiah - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:35 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Kenneth Wallace Kitchen 11/1 1920

[signature]
Registrar

Address .....

Filed Nov 4 1920

[signature]
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1973

796 - 128
032 - 696

[redacted] PLACE [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone Registration District No. 16 File No. 84426

No. ..... St.

Primary Registration District No. 1016 Registered No. 45

Hospital .....

FULL NAME OF CHILD Earl Brothers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct 28 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orville L Brothers	Lilian Brothers
RESIDENCE	Shoshone	Shoshone
COLOR	white	white
AGE AT LAST BIRTHDAY	26 (Years)	22 (Years)
BIRTHPLACE	Mass	Idaho
OCCUPATION	carpenter	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9-10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C C Jones M D

(Physician or midwife)

Address Shoshone

Filed Nov 10 1920

J L Sullivan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 16 1946

295-124-032-592

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 84427

No. ..... St.

Primary Registration District No. 1016 Registered No. .....

Hospital Dill

Full Name of Child Shigeru Kinoshita. 44

SEX OF CHILD Male	Twin Triplet or other? — and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct (Month) 24 (Day)

FATHER	MOTHER
FULL NAME Torokichi Kinoshita	FULL MAIDEN NAME Tokino Muruta Eikichi
RESIDENCE Shoshone	RESIDENCE
COLOR Japanese AGE AT LAST BIRTHDAY 38 (Years)	COLOR Japanese AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Hotel	OCCUPATION Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Dill

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 27 1920 J L [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-217-032-342

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 84428

No. ..... St.

Primary Registration District No. 2016 Registered No. 43

Hospital .....

FULL NAME OF CHILD Ida Rosa Borsiger

Sex of Child Small

Twin Triplet or other? and Number in order of birth 3d (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anton Borsiger	FULL MAIDEN NAME	Mary Lustenberger
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 PM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anton Borsiger

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed Oct 23 1920 J L Freeman Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-115-032-613

PLACE OF BIRTH

County of Lincoln

City of Shoshone

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 84430

Primary Registration District No. 1016 Registered No. 441

Full Name of Child Lawrence Jewell Chapman

SEX OF CHILD	Twin, Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	—	2nd	Yes	Oct 15 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	George Horn Chapman	Nellie Wallis
RESIDENCE	Shoshone	Shoshone
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	40
BIRTHPLACE	Canada	Canada
OCCUPATION	Civil Engineer	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Dill M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 18 1920 J. L. Fuller

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1967

APR 20 1967

799-214-032-154

PLACE OF BIRTH

LINCOLN

County of Lincoln

City of Pogan

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 84431

Primary Registration District No. 1016

Registered No. 40

Full Name of Child Babe, Price

SEX OF CHILD: Female	Twin Triplet or other? — and Number in order of birth 2nd (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Oct (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Delbert Price	FULL MAIDEN NAME	Pearl Anderson
RESIDENCE	Pogan	RESIDENCE	Pogan
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Tea, Farm	OCCUPATION	[illegible]

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive, (Born alive or stillborn) at 1:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Oct 15 1920 J. L. Farrell Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PRICE

Dup of 1920-359284

245-220-032-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

No. 3/4 mi North

Hospital

Registration District No. 17

File No. 1 84432

Primary Registration District No. 22.00

Registered No. 24

FULL NAME OF CHILD Leona Ruth Buel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	10-20 1920

FATHER		MOTHER	
FULL NAME	Charles L Buel	FULL MAIDEN NAME	Leona Snyder
RESIDENCE	Richfield 3/4 mi - N.	RESIDENCE	Richfield 3/4 mi - N.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Lancaster Co Neb.	BIRTHPLACE	Knightstown Indiana
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Bloom

M D (Physician or midwife)

Given names added from a supplemental report.

19

Address Richfield Ida

Registrar

Filed Nov. 16 1920

P. E. Bartlett
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

491-127-032-636

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 1 84433

Primary Registration District No. 1200 Registered No. 23

FULL NAME OF CHILD Albert Geo Draper Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10-17-20

FATHER

FULL NAME Albert Geo Draper

RESIDENCE Richfield

COLOR W AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Clark Co Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Evaleyn Floyd

RESIDENCE Richfield

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Calveras Co Cal

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Bloom M. D. (Physician or midwife)

Address Richfield Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 10 1920 W. E. Bartlett Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 25, 1940. E.W.

132-216-032-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Richfield

No. 1 1/2 mi W St.

Registration District No. 17

File No. 1 84434

Primary Registration District No. 2200

Registered No. 22

Hospital

FULL NAME OF CHILD Wanda Lee Atkeson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 16 1920

FATHER		MOTHER	
FULL NAME	Arthur L. Atkeson	FULL MAIDEN NAME	Gertrude J Ditty
RESIDENCE	Richfield 1 1/2 mi West	RESIDENCE	Richfield 1 1/2 mi W.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	St. Claire Co Mo	BIRTHPLACE	St. Claire Co Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M D (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Richfield Ida

Filed Nov. 10 1920

P. E. Bartlett Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-102-033
519

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84435

Primary Registration District No. 2178 Registered No. 323

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	[redacted]	Yes	11 2 1920

FATHER		MOTHER	
FULL NAME	Conning Nichols	FULL MAIDEN NAME	Edna Nalf.
RESIDENCE	Rexburg, Ida.	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Ida.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 11-6 1920

G G Espe
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

Dep of 1920 340293

813-230-033-795

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 180 File No. 84436

Primary Registration District No. 2178 Registered No. 324

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	10 (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Hatch.	FULL MAIDEN NAME	Phoebe Preece
RESIDENCE	Rexburg	RESIDENCE	Rexburg, Ida.
COLOR	White Ida. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11-6 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-222-033-862

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Registration District No. 100 File No. 84437

Primary Registration District No. 278 Registered No. 325

Hospital _____

FULL NAME OF CHILD Beth Manwaring

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F.				yes	10	22	1920

	FATHER	MOTHER
FULL NAME	David Heber Manwaring	FULL MAIDEN NAME Sarah Zelea Hart
RESIDENCE	Rexburg, Ida.	RESIDENCE Rexburg.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE Ida.
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Heaps M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Registrar

Filed 10 30 1920 G. Heaps Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Beth

Subscribed and sworn to before me this 17th day of Nov., 19 43

Pauline Ambrose
Notary Public, residing at Boise

My commission expires 11/4/47
(Seal)

Signed Mrs. Zella Manwaring
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

NOV 12 1943

291-125-033-791

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84438

Primary Registration District No. 2178 Registered No. 326

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	10 (Month) 25 (Day) 1920 (Year)

	FATHER		MOTHER
FULL NAME	David Krauss	FULL MAIDEN NAME	Katie Graf
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION		OCCUPATION	[illegible]

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 11-6 1920 G G Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 2006

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of ....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Primary Registration District No. ..... Registered No. .....

Registration District No. ..... File No. .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
	(To be answered only in case of plural births)			(Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... M.
on the date above stated. (Place of birth or address)

*When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life at birth.

(Signature)

(Profession or title)

Given name added from a supplemental report ..... by ..... Address .....

Registrar

Filed .....

Registrar

Form V. S. No. (Revised 7-19

IDAHO LEGISLATURE 4 SB 1184, 2006 AMENDED AND REPRINTED

SECTION 39-250, IDAHO CODE, IS AMENDED TO READ AS FOLLOWS:

39-250. CERTIFICATE OF BIRTH. (1) A certificate of birth for each live birth which occurs in this state shall be filed with the local registrar of the district in which the birth occurs within five (5) days after the birth and shall be registered by the local registrar if it has been prepared in accordance with the provisions of this section or with the regulations of the director of the department of health and welfare. Each certificate of birth shall be completed and filed by the physician in attendance at the birth or, in the absence of such physician, by the midwife in attendance at the birth, or, in the absence of a physician or midwife, by the father, mother, householder or owner of the premises where the birth occurred, or by the manager or superintendent of the institution where the birth occurred if it occurred in an institution. The person who files the certificate of birth shall obtain the personal data from the parents of the child. The child's given name shall be added by supplemental report if not stated on the certificate at the time of registration. The certificate shall be completed with the medical certification of the cause of any plural birth stated.

819-118-033-238

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100

File No. 84439

Hospital .....

Primary Registration District No. 2178

Registered No. 327

FULL NAME OF CHILD BUD SCHULTHESS HARRIS

Sex of Child M. | Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 10 (Month) 16 (Day) 1920 (Year)

FATHER

FULL NAME Rollo R. Harris.

RESIDENCE Rexburg.

COLOR W. AGE AT LAST BIRTHDAY 26. (Years)

BIRTHPLACE Ida.

OCCUPATION

MOTHER

FULL MAIDEN NAME Mary Schulthess

RESIDENCE Rexburg.

COLOR W. AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah.

OCCUPATION

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Espe M.D.

(Physician or midwife)

Given names added from a supplemental report. ..... 19....

Address .....

Filed 10-30 1920 G. W. Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-[illegible] 5-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth ..... (Month) ..... (Day) ..... 19.... (Year)
	(To be answered only in event of plural births)				

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife) .....

Given names added from a supplemental report.

..... 19.... Address .....

Registrar ..... Filed ..... 19.... Registrar

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a separate birth must be made for each and the number of each, in order of birth stated.

3/24/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS

State of _____ } ss.
County of _____ }

JUL 1 9 40 AM '80

Certificate No. 84439
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Harris (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/18/20 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Harris	Bud Schultheiss Harris
		BUD SCHULTHESS HARRIS

Subscribed and sworn to before me this 23rd day of June, 1980.

Notary Public, Gail A. Simonton
Residing at Pocatello, Idaho
My commission expires 4-25-83
(Seal)

Bud Schultheiss Harris
Signature of Applicant

30 Cornell Pocatello Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of June, 1980.

Notary Public, Gail A. Simonton
Residing at Pocatello
My commission expires 4-25-83
(Seal)

Jae Harris Gagon
Supporting Signature

612 So Logan Rexburg
Street Address, City, State

Idaho 83843

Discharge Papers issued by Army of the United States 3/11/45 lists name of soldier as Bud S. Harris. viewed by V.S.

Certificate of Baptism and Confirmation issued by LDS Church 11/4/28 lists name of child as Bud Schulthess./viewed by V. S. Harris.

JUL 1 1980

[illegible]

Certificate of Ordination issued by LDS Church 3/21/37 lists name of priest as Bud Schulthess Harris. viewed by V.S.

433-117-033-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 84440

Primary Registration District No. 2178 Registered No. 329

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 17 1920

FATHER		MOTHER	
FULL NAME	John S. McCulloch	FULL MAIDEN NAME	Lottie Hill
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Logan Utah	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 11-6 1920 G G Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-131-033-689

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg Registration District No. 108 File No. 84441

No. ____ St.

Hospital City Hospital Primary Registration District No. 2170 Registered No. 330

FULL NAME OF CHILD Robert Edgar Willett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 31 1920

FATHER		MOTHER	
FULL NAME	Robert Edgar Willett	FULL MAIDEN NAME	Elizabeth White
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Norfolk, Virginia	BIRTHPLACE	St Louis, Mo
OCCUPATION	Professional Ball player	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

(Signature) O. O. Martin

Physician (Physician or midwife)

Address Rexburg Idaho

Filed 11-6 1920

G. L. Cope Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

499-201-033-493

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ____ St.

Registration District No. 100 File No. 84442

Primary Registration District No. 2178 Registered No. 331

Hospital ____

FULL NAME OF CHILD Marjorie May Driscoll

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Nov (Month) 1 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Wm. J. Driscoll	FULL MAIDEN NAME Charlotte Miller
RESIDENCE Rexburg Idaho	RESIDENCE Rexburg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Fountain Minnesota	BIRTHPLACE Onoka Co. Minnesota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2-55 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) O. O. Martin
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 11-6 1920 W. G. Espe
Registrar

136-115-033-755

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84443

Primary Registration District No. 2178 Registered No. 332

FULL NAME OF CHILD Mearl P. Alvord

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Edwin Earl Alvord	FULL MAIDEN NAME	Ida Mae Penenand
RESIDENCE	Sugar City	RESIDENCE	Sugar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Evans

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11-6 1920 G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/28/41 rmf

MAY 30 1972

413-122-033-694

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 84444

Primary Registration District No. 2178 Registered No. 334

FULL NAME OF CHILD John L. Dalling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	October 22 1920

FATHER		MOTHER	
FULL NAME	Wm Dickson Dalling	FULL MAIDEN NAME	Ethel Orme
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11-6 1920 G. G. Eske
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 17 3 23 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84444

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Dalling (Name on Original Certificate) who was born (Was Born or Died) on 10/22/20 (Date of Event)
in Sugar City, ID. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Dalling	John L. Dalling

Subscribed and sworn to before me this 11 day of OCTOBER, 19 77
Notary Public, residing at IDAHO FALLS
My commission expires 7-1-80
(Seal)

Signed Vola D. Bagley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
205 Monroe Idaho Falls Idaho 83401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BONNEVILLE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of OCTOBER, 19 77
Notary Public, residing at IDAHO FALLS
My commission expires 7-1-80
(Seal)

Signed Vola D. Bagley
(Signature of Any Credible Person)
1780 Rainier Idaho Falls Ida. 83401
(Street Address, City, State)

FORM DH 60-155 10/6/77 nm

Honorable Discharge from the U.S. Army gives name as John L. Dalling born Oct 22, 1920 at Sugar City, Idaho. date of separation Feb 19, 1946. viewed by V. S.

NOV 30 1977

Certif of Blessing from the LDS Church gives name as John L. Dalling son of William R. Dalling and Ethel Orme. born Oct 22, 1920 at Sugar City, Idaho. Blessed Jan 2, 1921. viewed by V. S.

544-122-033-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84445

Primary Registration District No. 2178 Registered No. 335

FULL NAME OF CHILD THANE LORENZO EDDINGTON

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	Yes	Oct. 22 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Eddington	FULL MAIDEN NAME	Linda Anderson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11-6 1920 G. G. Estes
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wn. } ss. JAN 22 1942 Certificate No. 84445
County of Ketsap } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Oct 22 1920 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 22 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Eddington	Thane Lorenzo Eddington

Subscribed and sworn to before me this 21st
day of January 1942
[signature]
Notary Public, residing at Brewerton
My commission expires Feb 18, 1943
(SEAL)

Signed James L Eddington
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Manette Wn. Gen. Del
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at
My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 22 1942 By
(REGISTRAR'S SIGNATURE)

544-222-033-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem — Registration District No. 161 — File No. 84446

No. ____ St. — Primary Registration District No. 2178 — Registered No. 336

Hospital ____

FULL NAME OF CHILD MARGARET THELLIS EDDINGTON

Sex of Child: Female | Twin, Triplet or other? Twin | Number in order of birth: 2nd (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Oct. 22 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Eddington	FULL MAIDEN NAME	Linda Anderson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Auto Mechanic	AGE AT LAST BIRTHDAY (Years)	30
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:35 P. M. on the date above stated.

(Signature) W. B. Evans

Physician

(Physician or midwife)

Address ____

Filed 11-6 1920 — G. G. Espe — Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Kitsap } ss.

Certificate No. 84446

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on October 22, 1920 (Date of Event) in Salem, Madison County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by XX (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret Thellis Eddington

Subscribed and sworn to before me this 6th day of August, 19 43

Ruth A Palmer

Notary Public, residing at Bremerton

My commission expires June 19, 1946
(Seal)

Signed J L Eddington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.D.5 - Park Desert - Bremerton Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Kitsap } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 19 43

Ruth A Palmer

Notary Public, residing at Bremerton

My commission expires June 19, 1946
(Seal)

Signed Linda Eddington
(Signature of Any Credible Person Other Than Previous Year)

R.D.5- Park Desert, Bremerton Wn
(Street Address, City, State)

AUG 1 0 [illegible]

MAY 0 9 1997

569-126-033-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

Registration District No. 10 File No. 84447

No. ..... St.

Primary Registration District No. 2178 Registered No. 337

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 26 1920

FATHER		MOTHER	
FULL NAME	Alonzo Nolan	FULL MAIDEN NAME	Margaret Johnson
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. B. Evans

Physician

(Physician or midwife)

Address .....

Filed 11-6 1920 G. I. Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-227-033-993 Amended 4/22/69

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

~~City of~~ Sugar Ward

Registration District No. 100 File No. 84448

No. ..... St.

Primary Registration District No. 2178 Registered No. 338

Hospital .....

FULL NAME OF CHILD Della Howell

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Howells	FULL MAIDEN NAME	Lonie Ricks
RESIDENCE	Madison County	RESIDENCE	Madison County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.15a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11-6 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 24 1969
Bureau of Vital Statistics

State of Idaho
County of Bannock } ss

Certificate No. 84448

Date Filed Nov 6, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Della Howell (Name on Original Certificate) who born (Was Born or Died) on Oct. 27, 1920 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on April 14, 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None given	Della Howell

Subscribed and sworn to before me this 18th day of March 19 69

Darlene P. Hibbs

Notary Public, residing at Pocatello, Idaho

My commission expires 1-3-72

(Seal)

Signed Louie A. R. Howell Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

733 So. Garfield, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March 19 69

Darlene P. Hibbs

Notary Public, residing at Pocatello, Idaho

My commission expires 1-3-72

(Seal)

Signed Ida M Rush Sister
(Signature of Any Credible Person)

154 Easy St., Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155 1 c.c. pd. Rec # 7383 Rush 3-10-69

Certificate of Baptism and Confirmation dated April 14, 1929 gives name as Della Howell. Born October 27, 1920 to Herbert Smith Howell and Louie Amanda Ricks Signed by J. D. Tensmeyer. Viewed by VS.

APR 22 1969

Daughter's birth certificate give mother's name as Della Howell. Born in Sugar City, Idaho. 21 yrs. old at time of birth. Child born July 19, 1941. Viewed by V. S.

689-107-033-163

21-19

PLACE OF BIRTH

County of Madison

City of Plano Registration District No. 15 File No. 84449

No. ..... St. Primary Registration District No. 278 Registered No. 339

Hospital .....

FULL NAME OF CHILD DeLoy Joseph White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 7th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. White	Chelnischa Jolley
RESIDENCE	Plano Idaho	Plano Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	St. Johns Arizona	Mt. Carmel Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Oct. 7, 1920 at 7-25 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg Idaho

Filed 11-6 1920 G. G. Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856-10.8-033-243

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

Registration District No. 100

File No. 84450

No. ..... St.

Primary Registration District No. 174

Registered No. 340

Hospital .....

FULL NAME OF CHILD Donald Heffel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 8th 1920

FATHER	MOTHER
FULL NAME: Jacob Heffel	FULL MAIDEN NAME: Mollie Butherus
RESIDENCE: Salem Idaho	RESIDENCE: Salem Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Oct. 8th 1920 6 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

(Signature) Carley Nelson

M. D.

(Physician or ~~midwife~~)

Address Rexburg Idaho

Filed 11-6 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 84450

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 10-8-1920 (DATE OF EVENT)
in Salem, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	No name given	Donald Heffel

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed Mrs. Jacob Heffel
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed Mrs. Jacob Heffel
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

381 - 210 - 033 - 133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84451

Primary Registration District No. 2178 Registered No. 341

FULL NAME OF CHILD Colleen Christina Chandler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. (Month) 10th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	S. George Chandler Jr.	FULL MAIDEN NAME	Leah L. Allen
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Plano Idaho	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Oct. 10th 1920 9-45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.

(Physician ~~or midwife~~) *

Given names added from a supplemental report.

..... 19....

Address Roxburg Idaho

Filed 11-6 1920 G. G. Eppo

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of CARBON } ss.

Certificate No. 84451

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who WAS BORN (Was Born or Died) on Oct 10, 1920 (Date of Event)
in Edmunds, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Colleen Christina Chandler

Subscribed and sworn to before me this 16
day of October, 1944.
Edith Lamb
Notary Public, residing at PRICE, Utah
My commission expires Feb. 16, 1947
(Seal)

Signed: S. G. Chandler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of CARBON } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of October, 1944.
Edith Lamb
Notary Public, residing at PRICE, Utah
My commission expires Feb. 16, 1947
(Seal)

Signed Rose C. Keller
(Signature of Any Credible Person Other Than Previous Year)
461 So. 4th E.
PRICE, Utah
(Street Address, City, State)

OCT 20 1944

843-115-033-369

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84452

Primary Registration District No. 2178 Registered No. 342

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 15th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	P.R. Hulet	FULL MAIDEN NAME	Alta Corey
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ogden Utah
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Sept 14th 1920 7 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Farley Nelson

M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 10/6 1920

G. G. Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

651-101-033-854

PLACE OF BIRTH amend 12-24-81

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84453

Primary Registration District No. 2178 Registered No. 343

FULL NAME OF CHILD Marvin Leo Weatherston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 1st (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Leo S. Weatherston	FULL MAIDEN NAME	Laomi Hemsley
RESIDENCE	Sugar Idaho	RESIDENCE	Sugar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Plano Idaho	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born live On Oct. 1st 1920 at 11-10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed Oct 6 1920 G. G. Eske
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-17--81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 23 3 32 PM '81

State of Idaho
County of Madison } ss.

Certificate No. 84453
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Weatherston (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-1-20 (Date of Event)

in Sugar (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	~~Marvin Leo Weatherston~~
mothes first name	Naomi -	Laomi

Subscribed and sworn to before me this 21 day of December, 19 81

Notary Public, Darrin K Maddison

Residing at Rexburg, Idaho

My commission expires 12-18-82

(Seal)

X Marvin L Weatherston
Signature of Applicant

145 So 5th West Rexburg, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of December, 19 81

Notary Public, Darrin K Maddison

Residing at Rexburg, Idaho

My commission expires 12-18-82

(Seal)

Leo S. Weatherston
Supporting Signature

130 So 4th West Rexburg, Idaho
Street Address, City, State

1 cc pd

Cert of Blessing from LDS Church gives Marvin Leo Weatherston born 10-1-20 in Sugar City to Leo Weatherston and Laomi May Hemsley was blessed 11-7-20. Viewed by V.S.

DEC 24 1981

Cert of Baptism from LDS Church gives Marvin Leo Weatherston born 10-1-20 in Sugar City to Leo Weatherston and Laomi Hemsley, was baptised 7-6-29. Viewed by V.S.

389-201-033-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84454

Primary Registration District No. 2178 Registered No. 344

FULL NAME OF CHILD Verla Lou Christopherson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 1st 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Christofferson	FULL MAIDEN NAME	Emily Peterson
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mt. Pleasant Utah	BIRTHPLACE	New Zealand
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, Oct 1st 1920, at 5-45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed Oct. 6 1920 G. G. Eske
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 84454

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Christopherson, (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1920 (Date of Event) in Burton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Verla Lou Christopherson

Subscribed and sworn to before me this 8th day of March, 19 72

Merrill W. Rudd
Notary Public, residing at Rexburg
My commission expires 8-1-1974
(Seal)

Signed Julia C. Siepert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #1 Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3/1/72 nm

State of Idaho Public School Diploma fromMadison County gives name as Verla Lou Christopherson. Dated April 29, 1936. Viewed by V. S.

APR 4 1972

Certificate of Blessing ~~fax~~from LDS Church gives name as Verla Lou Christopherson daughter of Ross Christopherson and Emily Peterson. Born Oct. 1, 1920. Was Blessed Aug. 30, 1921. Viewed by V. S.

389 - 214 - 033 - 632

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

Registration District No. 108 File No. 84455

No. ..... St.

Primary Registration District No. 2178 Registered No. 345

Hospital .....

FULL NAME OF CHILD Helen Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 14th 1920

FATHER	MOTHER
FULL NAME: Ezra M Christensen	FULL MAIDEN NAME: Vilate C. Olsen
RESIDENCE: Sugar Idaho	RESIDENCE: Sugar Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Afton Wyoming	BIRTHPLACE: Wilford Idaho
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Sept 14th 1920 6-45 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Parley Nelson

M.D.

(Physician or midwife)

Address Rexburg Idaho

Filed Oct. 6 1920 G. L. Estes

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 5 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 17 11 17 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 84455

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Christensen (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 14, 1920 (Date of Event) in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on 7 November 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Helen Christensen

Subscribed and sworn to before me this 14th day of October 1975, 19.....

W. C. Jones

Notary Public, residing at Raymond, Alberta

My commission ~~expires~~ is permanent

(Seal)

Signed Helen Christensen Theil

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 398, Cardston, Alberta

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Raymond, Alberta } ss.
County of Canada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October 1975, 19.....

W. C. Jones

Notary Public, residing at Raymond, Alberta

My commission ~~expires~~ is permanent

(Seal)

Signed Peter C. Broadhead

(Signature of Any Credible Person)

Box 361,

Raymond, Alberta

(Street Address, City, State)

FORM DH 60-155 CL 8/14/75 XXXXXXXXXXXXX

Certificate of Baptism and Confirmation from the LDS Church gives name as Helen Christensen daughter of Nels Ezra Christensen and Violet Olson. Born Spet. 14, 1920 at Sugar City, Idaho. Baptized Oct. 27, 1928 viewed by V. S.

Certificate of Blessing gives name as Helen Christensen daughter of Ezra Christensen and Violet Olsen. born Sept. 14, 1920 at Sugar City, Blessed Nov. 7, 1920. viewed by V. S.

DEC 5 1975

962 - 211 - 033 : 963

PLACE OF BIRTH amend 11-13-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 84456

Primary Registration District No. 2178 Registered No. 346

FULL NAME OF CHILD Elma Robison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 11 - 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Brigham Robison	Geneal Rock
RESIDENCE	Rexburg Idaho	Rexburg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	19 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Brick mason	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Address Rexburg

Filed 10-30 1920 G. G. Kepler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-28-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 84456
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Robison (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-11-20 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
~~fathers middle initial~~	R	Brigham
childs name	Unnamed	Elma Robison

Subscribed and sworn to before me this 2 day of November, 19 81

Notary Public, [signature]
Residing at Rexburg Id
My commission expires 2-7-85
(Seal)

[signature]
Signature of Applicant
Rt 1 Box 71 Rexburg Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Nov, 19 81

Notary Public, [signature]
Residing at Rexburg Idaho
My commission expires 2-7-85
(Seal)

Darrell Rock
Supporting Signature
Route 1 Rexburg, Idaho
Street Address, City, State

lcc credit

Membership Record from LDS Church gives Elma Robison born 9-11-20 to Geneal Robison (Rock) and Charles Brigham Robison. Viewed by V.S.

NOV 13 1981

Marriage Certificate from Sugar City in Madison County Idaho gives Leon James Harris and Elma Robison married 12-24-38. Viewed by V.S.

Marriage Certificate from State of Utah County of Salt Lake gives Charles Brigham Robison and Geneal Alida Rock were married January 23, 1918. Viewed by V.S.

299-201-C33-446

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 160 File No. 84457

Primary Registration District No. 2178 Registered No. 347

FULL NAME OF CHILD LORRAINE BIRD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 – 1 – 1920

FATHER		MOTHER	
FULL NAME	David Osborne Bird	FULL MAIDEN NAME	Phillis Eliza Huffaker
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) Louis F. Rich

Physician

(Physician or midwife)

Address Rexburg Idaho

Filed 10/30 1920 G. L. Esplin

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 84457

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bird (Name on Original Certificate) who was born (Was Born or Died) on October 1, 1920 (Date of Event)
in Rexburg, Madison County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on September 2, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lorraine Bird

Subscribed and sworn to before me this 2nd
day of September, 19 42.
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 16, 1943
(Seal)

Signed Phillis Duffin Bird (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
150 East 1st South, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of September, 1942
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 16, 1943.
(Seal)

Signed W Floyd Adams
(Signature of Any Credible Person Other Than Previous Year)
Rexburg, Idaho
(Street Address, City, State)

SEP 4 1942

SEP 5 1942

692-109-035-343

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Nez Perce

City of Near Culdesac Ida. Registration District No. 128 File No. 84458

No. ..... St.

Hospital ..... Primary Registration District No. Culdesac Registered No. .....

and Vicinity

FULL NAME OF CHILD Vernon Vance Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	10 9 1920

FATHER

FULL NAME Gustave Lester Fisher

RESIDENCE Culdesac Idaho.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Vermont

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Beulah Culman

RESIDENCE Culdesac Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Montana

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard
Physician
(Physician or midwife)

Address Culdesac Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov. 1920 George Gaignard M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

566-224-035-443

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Cameron

Registration District No. 92 File No. 84459

No. ..... St.

Primary Registration District No. 2170 Registered No. 33

Hospital .....

FULL NAME OF CHILD Evaline Theresa Newman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/		/	Yes	Oct. 24 1920

FATHER		MOTHER	
FULL NAME	Frederick William Newman	FULL MAIDEN NAME	Ida Emilia Milke
RESIDENCE	Cameron Ida	RESIDENCE	Cameron
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stoneburner M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 10-28 1920

E. E. Watts

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-124-035-551

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Juliette

No. — St.

Hospital —

Registration District No. 68 File No. 84460

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ike Edensman	FULL MAIDEN NAME	Lula Evans
RESIDENCE	Juliette Idaho	RESIDENCE	Juliette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Juliette Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Kelly MD
Kendrick Idaho
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Registrar

Address

Filed Oct 8 1920

R F Pepple
Registrar
Juliette Idaho

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-339988

231-108-035-386

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lealand

Registration District No. 68

File No. 84461

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD CLEO Blankenship

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Aug 8 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Richard Blankenship

RESIDENCE Lealand

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Minnie Thornton

RESIDENCE Lealand

COLOR White AGE AT LAST BIRTHDAY 25? (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 A M. on the date above stated.

(Signature) J. Kelly M.D.

(Physician or midwife)

Address Kendrick Idaho

Filed Oct 8 1920 R. F. Peppin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 97371

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Blankenship (no given name) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 8, 1920 (DATE OF EVENT)
in Leland, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
SurName	Blakenship	Blankenship
Name	Unnamed	Cleo

Subscribed and sworn to before me this 27
day of April, 19 42

Notary Public, residing at Lapwai, Idaho

My commission expires Jan. 11, 1942
(SEAL)

Signed Minnie Blankenship (Mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Lapwai, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of April, 19 42

Notary Public, residing at Lapwai, Idaho

My commission expires Jan. 11, 1943
(SEAL)

Signed Cora King
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Lapwai, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 29 1942 By
(REGISTRAR'S SIGNATURE)

APR 30 1942

MAY 11 1942

993-216-035-439

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Nez Perce

City of Lealand

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 84462

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD WANDA IDELL RICH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jess Rich Jr	FULL MAIDEN NAME	Mary McIntire
RESIDENCE	Lealand Idaho	RESIDENCE	Lealand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Way Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mr [illegible] 16, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Kelly
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Vanderick

Filed Oct 8 1920

R F Pipple
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 84462

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for "unnamed" Rich (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug 16 - 1920 (DATE OF EVENT)
in Leland Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Fall of 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Rich	Wanda Idell Rich

Subscribed and sworn to before me this 2
day of July, 19 42
Kennifred MacPherson
Notary Public, residing at Spokane
My commission expires Aug 2 - 1944
(SEAL)

Signed Mary E. Rich
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)
Fort Wright - Ft Col. Lakeview
Spokane, Washington (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of July, 19 42
H. M. Grubb
Notary Public, residing at Spokane
My commission expires Jan 24, 1942
(SEAL)

Signed Dave Rich
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
4007 - E - 3rd Ave
Spokane Wash (STREET ADDRESS, CITY, STATE)

Received for filing on Aug 20 1942 By .....
(REGISTRAR'S SIGNATURE)

AUG 2 2 1942

551-221-035 Please return [illegible]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Nez Perce

City of Lealand

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 84463

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female					Aug 21 1920

FATHER		MOTHER	
FULL NAME	Jno. C. Evans	FULL MAIDEN NAME	Nida McCoy
RESIDENCE	Lealand Idaho	RESIDENCE	Lealand Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Maringo Wash	BIRTHPLACE	Steel Idaho
OCCUPATION	Machinist	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned alive (Born alive or stillborn), at 6 P M. on the date above stated.

August 21st 1920

(Signature) J H Kelly MD
(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

Address Kendrick Idaho

Filed Oct 8 1920 R. F. Pepple
Registrar

Julianton Ida

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-201-035-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Leland

Registration District No. 68 File No. 84464

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ivy Pearl Daugherty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 1st 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Philip Daugherty	FULL MAIDEN NAME	Ada Gary
RESIDENCE	Leland Idaho	RESIDENCE	Leland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kendrick Idaho

Filed 9-8 1920 R. F. Pepple
Registrar

Juliaretta Ida
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1945

JUN 1 8 1975

315-105-029-662

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 68

File No. 84465

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Larry Eugene Langdon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sept (Month) 5th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry Lee Langdon	FULL MAIDEN NAME	Emma Foster
RESIDENCE	Kendrick Idaho.	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kendrick Idaho

Filed 9-8 1920 R. F. Pepple

Registrar

Julieville Ida

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-116-035-962

[redacted]

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. _____ St.

Hospital _____

Registration District No. 42 File No. 84466

Primary Registration District No. 2170 Registered No. 32

Full Name of Child Baby Dewey

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	10 16 1920

FATHER		MOTHER	
FULL NAME	John Edward Dewey	FULL MAIDEN NAME	Lottie Voss
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Wood Gore, M. D.

(Physician or midwife)

Address Rathdrum, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 10-20 19 20 E. E. Watts

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SPACE RESERVED FOR BINDING

[redacted]

DEVERY

Dup of 1920-305898

493-104-035-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston Registration District No. 96 File No. 84467

No. ——— St.

Hospital St Joseph, Primary Registration District No. 1009 Registered No. 556

FULL NAME OF CHILD Robert Joseph Milous

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 4 1920

FATHER		MOTHER	
FULL NAME	Frank Milous	FULL MAIDEN NAME	Yvonne Bergby
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Tramp	OCCUPATION	Waitress

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ——— (Born alive or stillborn) at 3:30 A.M. on the date above stated.

(Signature) John V. Alley

(Physician or [illegible])

Address Lewiston Idaho

Filed Nov 8 1920 Susan E. Bruce Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

——— 19——

——— Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-12-41

MAY 8 1945

296-105-035-652

PLACE OF BIRTH

Form V. B. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

Registration District No. 96

File No. 84468

Primary Registration District No. 1009

Registered No. 557

FULL NAME OF CHILD Robert Dean Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	10 (Month) 5 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Brown	FULL MAIDEN NAME	Muriel West
RESIDENCE	Genesse Ida	RESIDENCE	Genesse Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Neb.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White

By D Bruce
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Nov 8 1920 Susan E Bruce
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1943

MAY 11 1954

JAN 24 1952

386-106-035-239

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 96 File No. 84469

Primary Registration District No. 1009 Registered No. 558

FULL NAME OF CHILD DeLoss Vincent Thomas.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	9 6 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. T. Thomas.	FULL MAIDEN NAME	Attie Stillman
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 17 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

By Bruce

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Mar 8 1920 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/50/41. w.h.

JUN 23 1955

MAR 7 1975

314-206-035-251

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Lewiston

Registration District No. 96 File No. 84470

No. 1702 - D St.

Primary Registration District No. 1009 Registered No. 559

Hospital

FULL NAME OF CHILD Elizabeth Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 6 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A. Campbell	Grace Knapp
RESIDENCE	Colfax Wash.	Colfax Wash.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	36
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or [illegible]) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Alley Jr.

(Physician or [illegible])

Address Lewiston Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 6 1920 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

719-208-035-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 16-C—Rev. 6-6-17

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 624 - 9th Ave St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 84471

Primary Registration District No. 1009 Registered No. 560

FULL NAME OF CHILD Virginia Garvin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 8 1920

FATHER		MOTHER	
FULL NAME	Earl Garvin	FULL MAIDEN NAME	Mary Linder
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Spencer, Iowa	BIRTHPLACE	Cardwell, S. Dak.
OCCUPATION	Truck Driver	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

(Signature) R. J. Perkins
(Physician or Midwife)

Address Lewiston Idaho

Filed Nov 6 1920 Emma E. Bruce
Registrar

MAY 20 1943

813-209-035-315

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1503-16th St.

Registration District No. 96 File No. 84472

Primary Registration District No. 1009 Registered No. 561

Hospital

FULL NAME OF CHILD Helen May Hall

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Oct 9 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Victor L. Hall.

RESIDENCE Lewiston Idaho.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kansas.

OCCUPATION Teacher

MOTHER

FULL MAIDEN NAME Hazel Lance.

RESIDENCE Lewiston Idaho

COLOR White. AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Kansas.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 12:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Alley

(Physician or ~~midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 6 1920 Emma E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 5 1953

c.c. 4/25/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 319-210-035-995

County of Nezperce

City of Lewiston

No. 0223-23 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—Sim. 8-8-17

Registration District No. 96 File No. 84473

Primary Registration District No. 1009 Registered No. 542

FULL NAME OF CHILD Wilma Cargill

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	3	yes	October 10 1920

FATHER		MOTHER	
FULL NAME	Frank Cargill	FULL MAIDEN NAME	Daisy King
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Inman M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

19

Filed Nov 8 1920 Susan E Bruce

Registrar

Registrar

SEP 7 1943

DECEASED

157-110-035-953

PLACE OF BIRTH

name added 11/10/80

BURE[redacted]

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Registration District No. 96

Primary Registration District No. 1009

File No. 84474

Registered No. 563

FULL NAME OF CHILD Michael Angelo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	10 (Month) 10 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Angelo	FULL MAIDEN NAME	Angelina Del Conte
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 Pm M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. A. Waters

By R C Pauley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida

Filed Nov 8 1920 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15

9-14-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 7 1980
Bureau of Vital Statistics

State of IDAHO
County of Nez Perce } ss.

Certificate No. 8447
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Angelo (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 6, 1980 (Date of Event)

in Lewiston, (Nez Perce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Michael Angelo

Subscribed and sworn to before me this 22nd day of Sept., 19 80

Notary Public, [signature]
Residing at LEWISTON, IDAHO 83501
My commission expires 17 Aug. 1984
(Seal)

Michael Angelo
Signature of Applicant

1304 20th St.
Street Address, City, State
Lewiston ID 83501

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Certif of Baptism from the Catholic Church gives name as Michael Angelo child of Frank Angelo and Angelina del Conte. born Oct 8, 1920 at Lewiston,,Idaho. Baptized Dec 12, 1920. viewed by V. S.

NOV 12 1980

Insurance policy from Olympia National Life Ins. Co. dated Aug 21, 1952 gives name as Michael Angelo, Sr. Policy No. D-6403. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-212-035-265

PLACE OF BIRTH

County of Nez Perce

City of Nez Perce

No. ..... St.

Hospital .....

Form V. S. No. 11-C Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 84475

Primary Registration District No. 1609 Registered No. 564

FULL NAME OF CHILD ANNA MAE MARSH Marsh

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	X	Yes	10 12 1920

FATHER		MOTHER	
FULL NAME	Walter Marsh	FULL MAIDEN NAME	Flora Sweet
RESIDENCE	Culdesac Ida	RESIDENCE	Culdesac Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L White
By R C Pauley
(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 6 1920 Susan E Bruce Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce }

Certificate No. 84475

Date Filed Feb 6-1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Anna Mae Marsh (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct 12-1920 (DATE OF EVENT)
in Lewiston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 12-1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Anna Mae Marsh

Subscribed and sworn to before me this sixth
day of February, 19 43.

Signed Mrs Flora E. Marsh
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Lapwai Idaho
(STREET ADDRESS, CITY, STATE)

My commission expires NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES SEPTEMBER 1, 19[illegible]
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this sixth
day of February, 19 43.

Signed L. B. Wilson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Culdesac, Idaho
(STREET ADDRESS, CITY, STATE)

My commission expires NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON THEREIN. MY COMMISSION EXPIRES SEPTEMBER 1, 19[illegible]
(SEAL)

Received for filing on ..... By Anna Mae Marsh
(REGISTRAR'S SIGNATURE)

FEB 9 1943

763-113-035-638

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1636 Main St.

Registration District No. 96 File No. 84476

Primary Registration District No. 1009 Registered No. 565

Hospital

FULL NAME OF CHILD Laverne Gustave Goltz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	October 12 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Goltz	Clive Cox
RESIDENCE	Lewiston Idaho	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	36
BIRTHPLACE	Washington	Washington
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Brennan M.D.

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Nov 8 1920

Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-119-035-386

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital Whites

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-6-17

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 84477

Primary Registration District No. 1009 Registered No. 566

FULL NAME OF CHILD Norman James Larkin.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	1	Yes	10 19 1920

	FATHER	MOTHER
FULL NAME	G. A. Larkin.	Edith Thorp.
RESIDENCE	Lewiston Idaho	Lewiston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	21 (Years)
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Laborer.	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar White

Reg. R. C. Pauley (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov 2 1920 Susan E. Bruce Registrar

813-220-035-522

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 84478

No. ..... St.

Hospital St Joseph

Primary Registration District No. 1009 Registered No. 567

FULL NAME OF CHILD Dorothy May Hall

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William E. Hall	FULL MAIDEN NAME	Beulha Ebstheller
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20. (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Cassow

Lewiston Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 8 1920 Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 27 12 21 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Clackamas } ss.

Certificate No. 84478

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hall (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 20, 1920 (Date of Event)
in Lewiston, Idaho (Nez Perce) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on 8/22/20 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorothy May Hall

Subscribed and sworn to before me this 13th day of Sept, 1977

Notary Public, residing at Milwaukie

My commission expires 2-7-79

(Seal)

Signed Beulah E. Osthellechicks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

598 D St Oregon City, Or 97045
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Clackamas } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of Sept, 1977

Notary Public, residing at Milwaukie

My commission expires 2-7-79

(Seal)

Signed Maxine A. Draines
(Signature of Any Credible Person)

Rt 1 Box 65B Eagle Creek, Or
(Street Address, City, State)

FORM DH 60-155

CL 9/6/77

Bible record gives nameas Dorothy May born Oct 20,1920. viewed by V. S.

NOV 3 1977

Diploma from Whitworth College, Spokane, Washington gives name as Dorothy May Nichols. Bachelor of Science dated June 14, 1948. viewed by V. S.

65-9-120-035-275

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 84479

Primary Registration District No. 1009 Registered No. 568

FULL NAME OF CHILD Stephen Phillip Weisgerber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 20 1920

FATHER		MOTHER	
FULL NAME	Otto Weisgarber	FULL MAIDEN NAME	Hattie Spengler
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~dead~~), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John M Alley

(Physician or ~~Midwife~~)

Address Lewiston Idaho.

Filed Nov 8 1920 Susan E Brun Registrar

FEB 4 1942

264-121-035-362

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. St. Joseph Hospital St.

Registration District No. 96 File No. 84480

Primary Registration District No. 1009 Registered No. 569

Hospital

FULL NAME OF CHILD Raymond Leroy Souther

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	yes	Oct. 24 1920

FATHER		MOTHER	
FULL NAME	Benj A. Souther	FULL MAIDEN NAME	Alice Leona Tosland
RESIDENCE	Anatone Wash	RESIDENCE	Anatone Wn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle

Physician (Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report.

.....19.....

Filed Nov 8 1920 Susan E. Bruce

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

281-130-035-293

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 84481

Hospital St Joseph Primary Registration District No. 1009 Registered No. 671

FULL NAME OF CHILD Cossie Esco Sharpe

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct 30 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Esco Sharpe

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Texas.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Veronica Bies

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE South Dakota

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Broadbent

(Physician or ~~midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Nov 8 1920 Susan E Bruce

Registrar

MAR 15 1955

269-127-035-763

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 84482

Primary Registration District No. 1009 Registered No. 570

FULL NAME OF CHILD Charles Pollard Boren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 27 1920

FATHER	MOTHER
FULL NAME Charles Boren	FULL MAIDEN NAME Mamie Lu Pollard
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE U.S.	BIRTHPLACE U.S.
OCCUPATION Court Reporter	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 M. on the date above stated.

(Signature) C W Shaffner

(Physician or midwife)

Address Lewiston

Filed Nov 8 1920 Dessa E. Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-130-035-639

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 84483

No. ____ St.

Hospital St. Joseph Primary Registration District No. 1009 Registered No. 572

FULL NAME OF CHILD William Marian Hooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 30 1920

FATHER

FULL NAME Owen Hooper

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Idaho

OCCUPATION Mechanic

MOTHER

FULL MAIDEN NAME Mary Stivers

RESIDENCE Lewiston Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 8 a M. on the date above stated.

(Signature) E G Broderick

(Physician or midwife)

Address Lewiston Idaho

Filed Nov 8 1920 Susan E Bruce Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1953

367-131-035-793

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0227-24th St.

Registration District No. 96 File No. 84484

Primary Registration District No. 1009 Registered No. 573

Hospital

FULL NAME OF CHILD Everett ARVILLE Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Everett Cox	FULL MAIDEN NAME	Cora May Pitt
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn.
OCCUPATION	Bridge Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive [redacted]), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock

(Physician [redacted])

Given names added from a supplemental report.

_____ 19__

Registrar

Address Lewiston Idaho

Filed Nov 8 1920 Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1982

791-224-036-249

PLACE OF BIRTH amend 8-11-82

Form V. S. No. 11-C—25m-7-21-19

STATE OF [redacted]
BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Registration District No. 26 File No. 84485

Primary Registration District No. 2069 Registered No. 190

FULL NAME OF CHILD Bernice Grant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 24 1920

FATHER		MOTHER	
FULL NAME	Carter Eldredge Grant	FULL MAIDEN NAME	Pamela Emeline Smith
RESIDENCE	Holbrook Idaho	RESIDENCE	Holbrook Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	N. Bountiful Utah	BIRTHPLACE	Centerville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clew Ardleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Nov 1 1920

R F [illegible]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

7-16-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 4 4 24 PM '82

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 84485
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Grant (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 24, 1920 (Date of Event)

in Holbrook (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Bernice Grant
Mothers name	Mamie Emeline Smith	Pamela ~~Smith~~ Emeline Smith

Subscribed and sworn to before me this 28 day of July 1982.

Notary Public, S. Kay Warr

Residing at Midvale, Ut

My commission expires 12-1-82

(Seal)

x Bernice Grant Cooper
Signature of Applicant

489 Roosevelt Midvale, Utah 84047
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of SL

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of July 1982.

Notary Public, S. Kay Warr

Residing at Midvale, Ut

My commission expires 12-1-82

(Seal)

x Lola G. Grant
Supporting Signature

Street Address, City, State

AUG 11 1982

LDS Church Certificate of Birth gives Bernice Grant born 9-24-20 at Holbrook to Carter E Grant and Pamela Emeline Smith entered on record 11-14-20. Viewed by V.S.

Certificate of membership to Utah State Pupils' Reading Circle gives member as Bernice Grant. Issued by State Dept of Public Instruction in Utar on 6-30-32. Viewed by V.S.

Birth Certificate for Claude Wilson Grant born 8-16-18 at Holbrook to Carter Grant and Pamela E Smith. State file # 319519. Viewed by V.S.

[illegible] 036-133

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 84486

Primary Registration District No. 2064 Registered No. 191

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 3 1920

FATHER		MOTHER	
FULL NAME	Joseph W Rose	FULL MAIDEN NAME	Lavina Allen
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Nov 1 1920

R T Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

265-103-036-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook Ida.

Registration District No. 26 File No. 84487

No. ..... St.

Primary Registration District No. 2064 Registered No. 192

Hospital .....

FULL NAME OF CHILD George Wray Sweeten

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 3rd 1920

FATHER		MOTHER	
FULL NAME	Colen Hagle Sweeten	FULL MAIDEN NAME	Mary Casper
RESIDENCE	Holbrook Idaho	RESIDENCE	Holbrook Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mendon Utah	BIRTHPLACE	Lewiston Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clewardleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Nov 1 1920

R. J. Maurer M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 0 9 1993

194-104-036-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital

Registration District No. 26 File No. 84488

Primary Registration District No. 2064 Registered No. 193

FULL NAME OF CHILD Ray Wm Arnn

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William M. Arnn	FULL MAIDEN NAME	Elsie Morse
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Victor	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Nov 1 1920 R. O. Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 0 1969

FEB 2 5 1960

653-205-036-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Woodruff Registration District No. 26 File No. 84489

No. ..... St. Primary Registration District No. 2064 Registered No. 194

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	10-5-1920

FATHER		MOTHER	
FULL NAME	Lawrence Wells	FULL MAIDEN NAME	Anna Bell
RESIDENCE	Woodruff Ida	RESIDENCE	Woodruff
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Woodruff Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Keyes. M.D.

(Physician or midwife)

Address Malad Ida

Filed Nov 1 1920 R. T. Mauer M.D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1967

697-108-036-55-1

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 4 File No. 84490

Primary Registration District No. 204 Registered No. 195

FULL NAME OF CHILD STEPHEN EDWARD WIGHT

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	10 - 8 - 1920

FATHER		MOTHER	
FULL NAME	Lorenzo Wight	FULL MAIDEN NAME	Alice Evans.
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Malad Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:10 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Evans. M. D.

(Physician or midwife)

Address Malad Ida

Filed Nov 2 1920 [illegible] Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Oneida } ss.

Certificate No. 84490

Date Filed MAY 28 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Stephen Edward Wight (Name on Original Certificate) who was born (Was Born or Died) on October 8 1920 (Date of Event) in Malad Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Stephen Edward Wight

Subscribed and sworn to before me this 27th day of May, 19 42

Notary Public, residing at Malad Idaho

My commission expires Nov. 1, 1944

(Seal)

Signed Mrs. Alice Wight (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th. day of May, 19 42

Notary Public, residing at Malad, Idaho

My commission expires Nov 1, 1944

(Seal)

Signed Edward Wooley
(Signature of Any Credible Person Other Than Previous Year)

Malad Idaho
(Street Address, City, State)

419-109-036-469

Form V. S.-No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 84491

Primary Registration District No. 2064 Registered No. 196

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) - 9 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	Al Marriston	FULL MAIDEN NAME	Harriett Morgan
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Weston Ida.	BIRTHPLACE	Vernal Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Reeves. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida

Registrar

Filed Nov 1 1920

R. H. [illegible] M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655-109-036-253

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 84492

Primary Registration District No. 2069 Registered No. 197

FULL NAME OF CHILD ARSACE VON WEESE

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1st	Yes	October 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Hezekah Nerse	FULL MAIDEN NAME	Hallie Bellnap
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clew Ardleigh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Nov 1 1920 R. J. Warner M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber

Certificate No. 84492
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of (Birth or death)
for Arsace Von Weese (Name on original certificate) who was born (Was born or died) on October 9, 1920 (Date of event)
in Stone Oneida County, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on April 8, 1902 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Weese	Arsace Von Weese

Subscribed and sworn to before me this 13th day of December, 1941

Notary Public, residing at Ogden Utah

My commission expires

[SEAL]

Signed Henry Hyde Weese
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

272 8th St. Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 2 2 1941

APR 1 1 1975

655-109-036-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 84493

Primary Registration District No. 2064 Registered No. 198

FULL NAME OF CHILD .....

Sex of Child	Twin ~~Triplet or other~~?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		2	Yes	Oct 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Hezikah Weese	FULL MAIDEN NAME	Hattie Belnap
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Waldrighms D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Snowville Utah

Filed [illegible] 19 20

[illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

557-210-036-387

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 84494

Primary Registration District No. 20 c 4 Registered No. 199

FULL NAME OF CHILD ELAINE EVANS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	10-10-1920

FATHER		MOTHER	
FULL NAME	Dora P. Evans.	FULL MAIDEN NAME	Eliza Rivers
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Malad Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7. P. M. on the date above stated.

(Signature) J. M. Evans. M.D.

(Physician or midwife)

Address Malad Ida

Filed NOV 1 1920 R. J. Mason M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of ONEIDA } ss.

Certificate No. 84494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who BORN (Was Born or Died) on Oct. 10, 1920 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by CERTIFICATE OF BAPTISM (Bible Record, Insurance Policy, Etc.) prepared on Dec. 2, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elaine Evans

Subscribed and sworn to before me this 12
day of August, 1942

John D. McAllister, Clerk

Notary Public, residing at Malad, Idaho

My commission expires Clerk of the District Court
(Seal)

Signed Mrs Eliza Chivers Evans, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 14 1942

AUG 1 ? 1942

154-111-036-154

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 84495

Primary Registration District No. 1201 Registered No. 205

FULL NAME OF CHILD Laurence Bruce Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male			Yes	Dec	11	20

FATHER		MOTHER	
FULL NAME	Laurence Anderson	FULL MAIDEN NAME	Ida Bruce Anderson
RESIDENCE	Stone Ida	RESIDENCE	Stone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Stone Ida.	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer + Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Address Snowville Utah

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 1 1920

[illegible]
Registrar

619 - 115 - 036 - 386

Amended 2-28-62

(Be sure the information is complete and accurate)

State File No. 84496

Local Reg. No. 201

Reg. Dist. No. 26

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Oneida

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elmer

b. (Middle): Vance

c. (Last): Ward

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 15, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Elmer

b. (Middle): M.

c. (Last): Ward

8. COLOR OR RACE: White

9. AGE (At time of this birth): 18 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Malad, Ida.

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Susan

b. (Middle): I.

c. (Last): Thomas

13. COLOR OR RACE: White

14. AGE (At time of this birth): 17 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Malad, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. F. Alton

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Malad, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 1, 1920

20. REGISTRAR'S SIGNATURE: R.T. Mauer, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

TRAR in the district where the birth occurred WITHIN 10 days after the date of birth or the
idence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

L.D.S. Church Certificate of Blessing, Feb. 23, 1921 gives full name of child as Elmer Vance Ward, born Oct. 15, 1920 at Malad, Idaho to Elmer Ward and Susan Thomas - viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

other document listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84496

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elmer Vance Ward (Name on Original Certificate) who born (Was Born or Died) on Oct. 14, 1920 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth (Child's)	Oct. 14, 1920	October 15, 1920

Subscribed and sworn to before me this 20th day of February, 1960

Notary Public, residing at Malad City, Idaho

My commission expires 11/21/1960

(Seal)

Signed Mrs Elmer Ward
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1960

Notary Public, residing at Malad City, Idaho

My commission expires 11/21/1962

(Seal)

Signed Mrs Rhoda Hughes
(Signature of Any Credible Person)

219 Bannock St Malad Idaho
(Street Address, City, State)

FORM DPH 55. 1959 CL 2-1-60. nm

Honorable Discharge from the U.S. Army, May 24, 1946 gives full name as Elmer V. Ward, born October 15, 1920 at Malad, Idaho - date of Induction Oct. 30, 1944 - viewed by V.S.

38[illegible]-218-036-966

Amended 3-29-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84497
Local Reg. No. 202
Reg. Dist. No. 25

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Katherine
b. (Middle):
c. (Last): Thomas

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 18, 1920
5:15 P.M.

FATHER OF CHILD

7. FULL NAME
a. (First): Benjamin
b. (Middle):
c. (Last): Thomas

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Malad, Idaho

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Rachel
b. (Middle):
c. (Last): Moon

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Malad, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. F. Alton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 1, 1920

22. REGISTRAR'S SIGNATURE: R.T. Mower

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84497

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Thomas (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 18, 1920 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Katherine Thomas
Sex of Child	Male	Female

Subscribed and sworn to before me this 29 day of March, 19 66

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed Glenda M. Larson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

114 East 33rd Boise

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 in office 3-29-66.

Own Child's Birth Cert. on file: (Idaho Birth) #278659 gives full maiden name of mother as Katherine Thomas - viewed by V.S.

Social Security Card, #518-16-4105 gives full name as Katherine Thomas Lowman - viewed by V.S.

852-219-036-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Registration District No. 26 File No. 84498

Primary Registration District No. 2069 Registered No. 203

FULL NAME OF CHILD Effie Opal Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	W. M. T. Hess	FULL MAIDEN NAME	Stella Parker
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	white AGE AT LAST BIRTHDAY 43 (Years)	COLOR	white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad Idaho

Filed Nov 1 1920 R. T. Mauer M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-219-036-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 84499

Primary Registration District No. 2064 Registered No. 204

FULL NAME OF CHILD Grace M Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	Samuel H Williams	FULL MAIDEN NAME	Grace M Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Nov 1 1920

R T Moore M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792 - 219-036-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 84500

Primary Registration District No. 2064 Registered No. 205

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 19 1920

FATHER		MOTHER	
FULL NAME	Evan Gibbons	FULL MAIDEN NAME	Ethel Thomas
RESIDENCE	Arbon	RESIDENCE	Arbon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Fulton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Nov 1 1920

R T Maner M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-120-036-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 84501

No. ..... St.

Primary Registration District No. 2069 Registered No. 206

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 20 1920

FATHER		MOTHER	
FULL NAME	George Lewis	FULL MAIDEN NAME	Janie McKay
RESIDENCE	Gwenford	RESIDENCE	Gwenford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alston
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed Nov 1 1920

R F Maver M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

386-221-036-155

Form V. S. [illegible] 1[illegible]-25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 84302

Primary Registration District No. 2064 Registered No. 207

FULL NAME OF CHILD Helen Cina Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 21 1920

FATHER		MOTHER	
FULL NAME	Peter Thomas	FULL MAIDEN NAME	Cina Jenkins
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician
(Physician or midwife)

Malad

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Nov 1 1920

R. T. Mann M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-121-036-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida.

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 84503

Primary Registration District No. ..... Registered No. 208

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	10 - 21 1920

FATHER		MOTHER	
FULL NAME	Gomes Rus.	FULL MAIDEN NAME	Elza Williams
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Samaria Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Address Malad Ida

Filed Nov 1 1920 R T Maner M D

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REES

Dup of 1920 297979

819-124-036-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Ouida

City of Malad.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 84504

Primary Registration District No. 2069 Registered No. 209

FULL NAME OF CHILD Jack Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	10 (Month) – 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Stillman Harris.	FULL MAIDEN NAME	Nora Thomas.
RESIDENCE	Malad Ida.	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Malad Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad Ida.

Registrar

Filed Nov 1 1920 R. W. Miner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1944

799-226-036-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 84505

Primary Registration District No. 2064 Registered No. 210

FULL NAME OF CHILD ELAINE GRIFFITHS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	10 25 26th 1920

FATHER		MOTHER	
FULL NAME	Dave Griffith	FULL MAIDEN NAME	Maude Williams
RESIDENCE	Malad Ida.	RESIDENCE	Malad, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Paris Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Nov 1 1920 R. F. Maier M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Oneida } ss.

Certificate No. 84505

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elaine Griffiths (Name on Original Certificate) who Was Born (Was Born or Died) on October 26th, 1920 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 26th, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elaine Griffiths
Elaine Griffiths		

Subscribed and sworn to before me this 13th
day of July 1942

Bill Fallis
Probate Judge
Notary Public, residing at Malad, Idaho

My commission expires
(Seal)

Signed Maude Williams Griffiths
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of July 1942

Bill Fallis
Probate Judge
Notary Public, residing at

My commission expires
(Seal)

Signed Thomas M Griffiths
(Signature of Any Credible Person Other Than Previous Year)

Malad, Idaho
(Street Address, City, State)

JUL 14 1942

JUL 15 1942

MAY 14 1965

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2425-425-036-985

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 24 File No. 84506

No. ..... St.

Primary Registration District No. 2049 Registered No. 2dd

Hospital .....

FULL NAME OF CHILD Lewis Edward Luker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	10 (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Luker	FULL MAIDEN NAME	Alice Kynaston
RESIDENCE	Samaria Ida.	RESIDENCE	Samaria.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lewis

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida.

Registrar

Filed Nov 1 1920 R. T. Maurer M.D.
Registrar

JAN 20 1969

386-125-036-955

Form [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 84567

No. ..... St.

Primary Registration District No. 2069 Registered No. 212

Hospital .....

FULL NAME OF CHILD Seth Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 25 1920

FATHER		MOTHER	
FULL NAME	Seth Thomas	FULL MAIDEN NAME	Julia Peak
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Clothing Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Nov 1 1920

R. M. Maier M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

147-230-036-515

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Black Pine Ida Registration District No. 26 File No. 84508

No. ..... St.

Primary Registration District No. 2069 Registered No. 213

Hospital .....

FULL NAME OF CHILD Helen May Ingler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female				Yes	Oct	31	19 20

	FATHER	MOTHER
FULL NAME	Earl Frank Ingler	Anna Van Komen
RESIDENCE	Black Pine Ida	Black Pine Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Centralia Washington	Ogden Utah
OCCUPATION	Merchant	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6.46 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. E. Wardleigh M.D.

Physician

(Physician or midwife)

Address Emmett Ida

Filed Nov 4 19 20 R. A. Owen M.D. Registrar

944-207
[redacted]
PLACE OF BIRTH [redacted] IDAHO
Form V. S. No. [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver City

No. ..... St.

Hospital .....

Registration District No. 43 File No. 84509

Primary Registration District No. 2120 Registered No. .....

FULL NAME OF CHILD Maude Powell Rudiman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct. 7 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Rudiman	FULL MAIDEN NAME	Maude C. Arbuthnot
RESIDENCE	Salt Lake Utah	RESIDENCE	Salt Lake Utah
COLOR	White. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Pennsylvania
OCCUPATION	(Dry-goods) Traveling man	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.30 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Silver City, Idaho

Filed Oct. 9 1920 W. H. Schuyler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

214-229-037-356

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-22

CERTIFICATE OF BIRTH

County of Owyhee

City of Murphy

Registration District No. 43

File No. 84510

No. ..... St.

Primary Registration District No. 2120

Registered No. .....

Hospital .....

FULL NAME OF CHILD Marie Caroline Kauriach

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Oct. 29, 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Nickolus Kauriach	FULL MAIDEN NAME Clara Lewison
RESIDENCE	Murphy, Idaho	RESIDENCE Murphy Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Treves Germany	BIRTHPLACE Lewene Minnesota
OCCUPATION	Amusement Hall Keeper	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler M.D.

(Physician or midwife)

Address Murphy, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 31 19 20 W. H. Schuyler

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-102-037-519

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver City. (Diamond Basin) Registration District No. 43 File No. 84511

No. ..... St.

Primary Registration District No. 2120 Registered No. .....

Hospital .....

FULL NAME OF CHILD Pedro Miguel Conovas,

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Oct. 2, 1920

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Martinez Conovas	FULL MAIDEN NAME: Matilde Narvaez,
RESIDENCE: Owyhee County	RESIDENCE: Owyhee County,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Pamplona, Navarra, Spain.	BIRTHPLACE: Lodosa, Navarra, Spain.
OCCUPATION: Sheep-herder	OCCUPATION: Camp-cook.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 4.30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler M.D.

(Physician ~~or midwife~~)

Address Silver City, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 4, 1920 W. H. Schuyler

Registrar

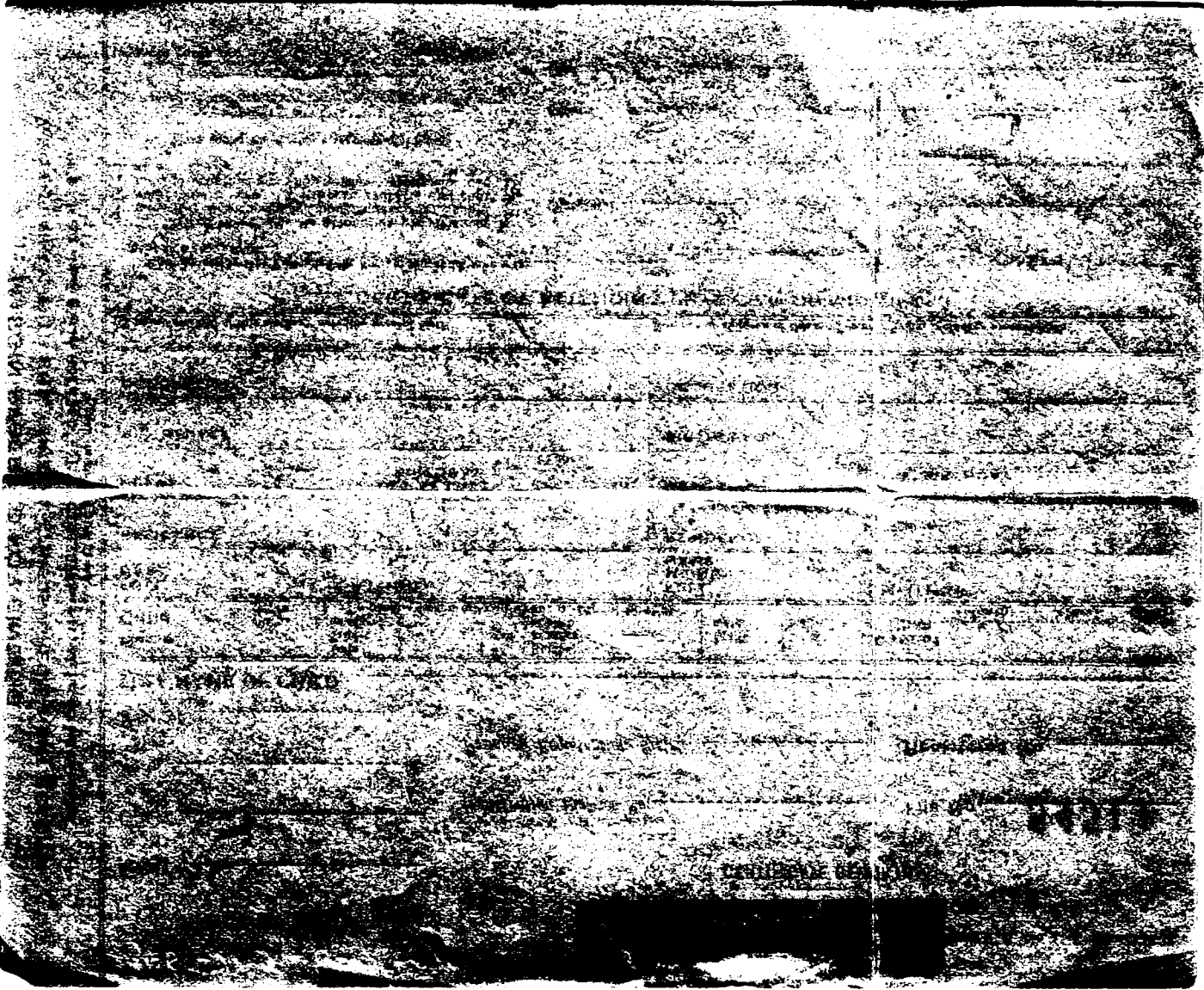
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



799-205-037-381

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of Homedale

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 130 File No. 84512

Primary Registration District No. Homedale Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 5 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. Price	Lorena Charleton
RESIDENCE	Homedale Ida	Homedale
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	17 (Years)
BIRTHPLACE	Owyhee Co Ida	Grinnell Kan.
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bond M D
(Physician or midwife)

Given names added from a supplemental report.

Nov 1 1926

Simeon Hopper
Registrar

Address Wilder Ida

Filed Oct. 26 1920

Simeon Hopper
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of [illegible]
City of Hope Dale
No. [illegible] St.
Idaho
434-111-032-000
(If born in hospital or institution give name.)

Registration District No. [illegible] State File No. [illegible]
Prim. Registration District No. [illegible] Local Registrar's No. [illegible]

2. FULL NAME OF CHILD Elmo LeRoy McDowell

3. Sex M.

If plural births: 4. Twin, triplet, or other [illegible] 5. Number, in order of birth [illegible]

6. Premature [illegible] Full term Yes

7. Legitimate? Yes

8. Date of birth July 11, 1920 (Month, Day, Year)

FATHER

9. Full name Samuel H. McDowell

10. Residence (usual place of abode) (If non-resident, give place and State) Hope Dale-Ida

11. Color or race W. | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Hastings Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming & Trucking

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work July 11, 1920

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ellen R.

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race W. | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Potomac Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work July 11, 1920

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation [illegible] months or weeks

30. Cause of Stillbirth [illegible] During labor [illegible] Before labor [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at [illegible] m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) A. R. Boeck, M. D.

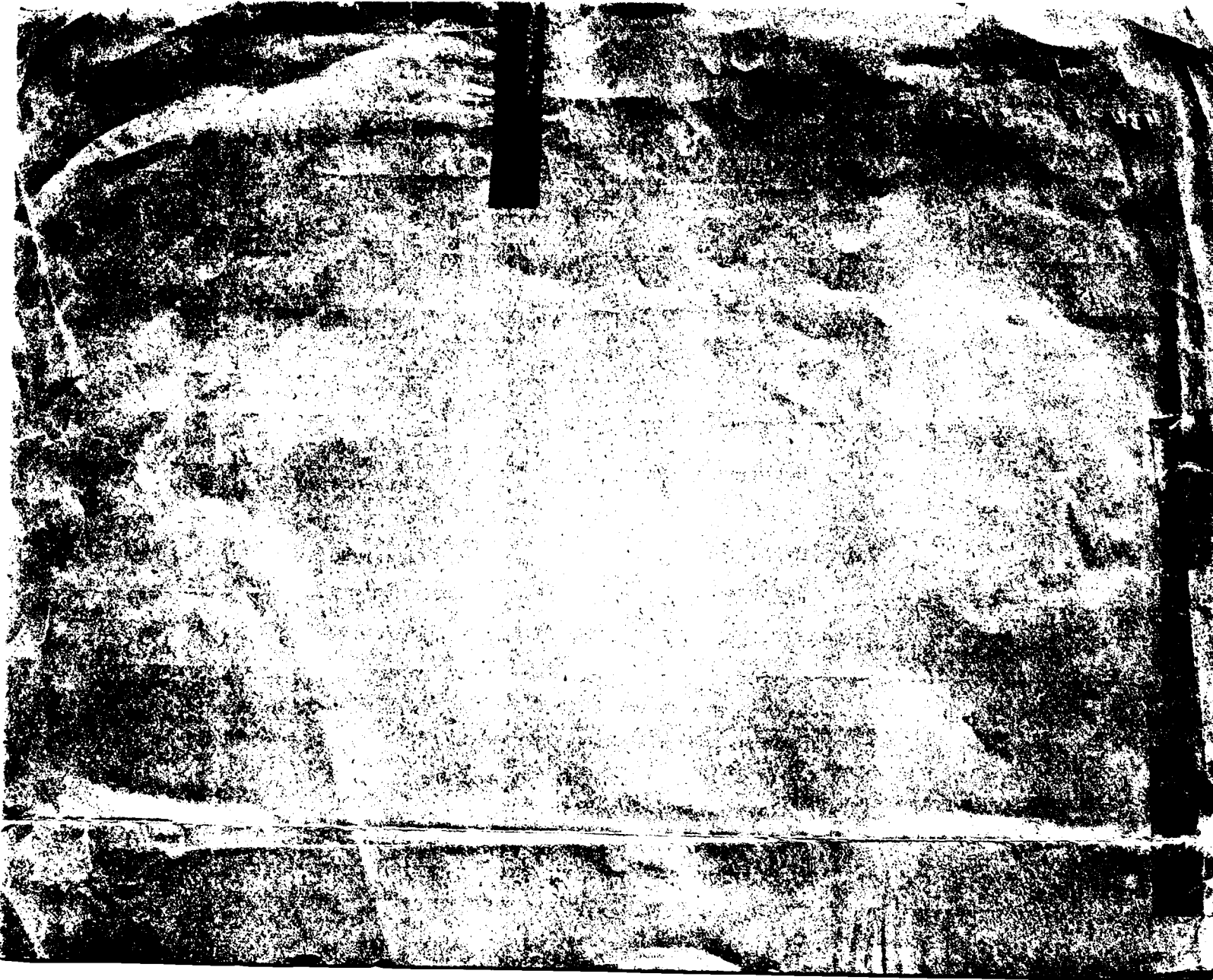
or [illegible], Midwife

Address Wilder Idaho

Give name added from a supplemental report [illegible] (Date of)

Filed Oct 28, 1920 Duncan Hoppen Registrar.

Registrar.



Amended 3-5-58

PLACE OF BIRTH

419-119-014-555

County of Canyon

City of Homedale

No. ____ St. ____ Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 130 File No. 84514

Primary Registration District No. Homedale Registered No. ____

FULL NAME OF CHILD Robert Lauren Marsing

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	October 19, 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 ... Number of children of this mother now living, including present birth 2 ....

FATHER	MOTHER
FULL NAME: Earl Q. Marsing	FULL MAIDEN NAME: Elsie Evertsen
RESIDENCE: Homedale, R.#1	RESIDENCE: Homedale, R.#1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Holland
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Nov. 1, 1920 Simeon Hopper
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Military Record - 1 Dec 45 - shows name as Robert L. Marsing
Own Child's birth certificate - #56-15385 - shows full name.
Parent's marriage license - July 16, 1913 - shows both parents correct names.
IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
viewed by vital stat.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Insurance Policy - 2-1-1944 shows full name
County of ..... }

Certificate No. 84514

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Marsing (Name on Original Certificate) who born (Was Born or Died) on Oct. 19, 1920 (Date of Event)

in Homedale (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Robert Lauren Marsing
Sex of Child	Female	Male
Father's Name	E. J. Marsing	Earl O. Marsing
Mother's Name	Elsie Ertsen	Elsie Evertsen

Subscribed and sworn to before me this 14 day of Feb 1958

Ramona L. Curt

Notary Public, residing at Marsing, Idaho

My commission expires 10-11-59

(Seal)

Signed Elsie Evertsen Marsing
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1620 Cleveland Blvd Caldwell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Owyhee }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Feb 1958

Ramona L. Curt

Notary Public, residing at Marsing, Idaho

My commission expires 10-11-59

(Seal)

Signed Grace Marsing
(Signature of Any Credible Person)

Marsing Idaho
(Street Address, City, State)

FORM DPH 55. 155

493-124-039-893

OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]ower

City of American Falls

Registration District No. 25

File No. 84515

No. ..... St.

Primary Registration District No. 2072

Registered No. 231

Hospital Bethany

FULL NAME OF CHILD Max Harland Dickerhoof

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Oct 24 1920 (Month) (Day) (Year)
Male			

FATHER		MOTHER	
FULL NAME	Albert J. Dickerhoof	FULL MAIDEN NAME	Chloe Hillhouse
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls, Idaho

Filed 10-24 1920 Richard F. Noth

Registrar

Registrar

WRITE PLAINLY WITH UNFAD. PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/1/41 L. B.

551-207-039-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 84516

No. ..... St.

Primary Registration District No. 2072

Registered No. 230

Hospital Bethany

FULL NAME OF CHILD Lucille Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.		yrs	Oct 7th 20

FATHER		MOTHER	
FULL NAME	Lorenzo L. Evans Jr	FULL MAIDEN NAME	Lena Beckstead
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Merchant, rancher & cattleman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 10:30 a.m. on the date above stated.

Born alive or stillborn

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth M.D.

(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address American Falls Idaho

Filed 10-18 1920 Richard F. Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-102-039-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84517

County of Power

City of American Falls — Registration District No. 25 — File No.

No. ..... St. — Primary Registration District No. 2072 — Registered No. 229

Hospital .....

FULL NAME OF CHILD John Truman Cazier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 2 1920

	FATHER	MOTHER
FULL NAME	Oscar Lawrence Cazier	FULL MAIDEN NAME Olive May Cook
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Section Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. T. North

(Physician or Midwife)

Address American Falls

Filed Oct 4 1920 R. T. North Registrar

JUN 14 1945

JUL 21 19

293-102-039-253

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

Registration District No. 25 File No. 84518

Primary Registration District No. 2072 Registered No. 228

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		Yes	Oct 2nd 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur T. Kite	FULL MAIDEN NAME	Mary E. Setzer
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Labour in elevator	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Physician (Physician or Midwife)

Given names added from a supplemental report.

Address American Falls, Idaho

..... 19.....

Filed 10-4 1920 R. F. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PL[redacted] [redacted]E OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

84520

County of [illegible]

City of Kellogg

No. 386-122-040-354 St.

Registration District No. 123

File No. 60

Primary Registration District No. 7701

Registered No.

Hospital

FULL NAME OF CHILD Donald Lee Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		1st	Yes	Sept 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Donald McNaughton Thomas	FULL MAIDEN NAME	Lucinda Elizabeth Le Vaux
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Hampden Mass	BIRTHPLACE	Indiana
OCCUPATION	Smelterman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician or [illegible])

Given names added from a supplemental report.

Address Kellogg Idaho

19

Registrar

Filed 10/2 1920 Geo. S. Lesher

Registrar

OCT 25 1967

791-214-040

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

[illegible] HO
BUREAU OF [illegible] STATISTICS
CERTIFICATE OF BIRTH

8 4521

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 584521

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Elizabeth Graves

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	Yes	Sept 14 1920

FATHER		MOTHER	
FULL NAME	Melville Fillmore Graves	FULL MAIDEN NAME	Mattie Goss
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	3	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	English Indiana	BIRTHPLACE	Crystal Indiana
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Kellogg Idaho

..... 19.....

Filed 10/26 1920 Geo S Lesher

..... Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

177-110-040-594

PLACE OF BIRTH

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 173

File No. 584522

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Roy Jacob Appelberg

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date Birth
Male	6 (To be answered only in event of plural births)	yes	Sept. 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Jacob Appelberg	FULL MAIDEN NAME	Matilda Nimin
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Stout Colorado	BIRTHPLACE	Finland
OCCUPATION	Smelter man	OCCUPATION	Housewife

Number of child of this mother, including present birth .... 6 .. Number of children of this mother now living, including present birth ... 6 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Kellogg, Idaho

Filed 10/2 1920 Geo. D. Lesher

Registrar

Registrar

JUN 16 1942

563-123-040-385

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84523

Registration District No. 123 File No. 58

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD ~~Romeo Victor~~ Vottero Richard Romeo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Aug 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tony Vottero	FULL MAIDEN NAME	Catherine Cheiro
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 9/22 1920 Geo. S Lesher

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/30/41 Z.J.

Dup of 1920-84524

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Shoshone }

JUN 23 1941

Certificate No. 84523

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Romano Victor Vottero (Name on original certificate) who born (Was born or died) on August 23 1920 (Date of event)
in Kellogg, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by doctors record (Bible record, insurance policy, etc.) prepared on June 2, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name	Romano Victor Vottero	Richard Romeo Vottero

Subscribed and sworn to before me this 20th day of June, 1941

Catherine Whalen

Notary Public, residing at Kellogg, Idaho

My commission expires May 12, 1943

[SEAL]

Signed Catherine Chiara Vottero
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

34 R.R.Ave, Kellogg, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Shoshone }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 1941

Catherine Whalen

Notary Public, residing at Kellogg, Idaho

My commission expires May 12, 1943

[SEAL]

Signed Mary Chiara
(Signature of any credible person other than the previous affiant)

34 R.R.Ave, Kellogg, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

952 - 130 - 040 - 399

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

Registration District No. 123 File No. 84525

Primary Registration District No. 7701 Registered No. .....

FULL NAME OF CHILD Domonick Robino

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	Yes	Aug 30 1920

FATHER	MOTHER
FULL NAME Vito Nick Robino	FULL MAIDEN NAME Caroline Tonti
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Italy	BIRTHPLACE Idaho
OCCUPATION Smelter man	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

(Signature) J. R. Munson

(Physician or midwife)

Address .....

Filed 9/21 19 20 Geo. S Lasher

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-158926

364-114-040-8 14

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

Registration District No. 173

File No. 84526

Primary Registration District No. 7701

Registered No. .....

FULL NAME OF CHILD Lorenzo D. Courtright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	yes	7 1st 1920

FATHER	MOTHER
FULL NAME Lorenzo D. Courtright	FULL MAIDEN NAME Cora Mary Haugen
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Wash	COLOR White
OCCUPATION Fire Chief	AGE AT LAST BIRTHDAY 28 (Years)
	BIRTHPLACE Idaho
	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 P M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed 9/21 1920 Geo. D. Lesher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-123-040-449

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

Registration District No. 123

File No. 84527

Primary Registration District No. 7701

Registered No. _____

FULL NAME OF CHILD Elmer Allen Stout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		1	Yes	7 23 1920

FATHER		MOTHER	
FULL NAME	Rose Lester Stout	FULL MAIDEN NAME	Mary Margret Murphy
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Motor Truckman	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.20 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) T. R. Mason

(Physician or midwife)

Address _____

Filed 9/21 1920 Geo. F. Lesher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 3 1942

453-119-040-364

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

Registration District No. 123 File No. 8A528

Primary Registration District No. 7701 Registered No. .....

FULL NAME OF CHILD Robert Erwin Dreamp.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		1	Yes	7 (Month) 19 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Irvin Wellington Dreamp	FULL MAIDEN NAME Mary Elizabeth Lowtsman
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Wash	BIRTHPLACE Iowa
OCCUPATION St Engineer	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:10 P. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed 9/21 1920 Geo S Lesher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

552 - 228 - 040 - 25-1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 5 84529

Primary Registration District No. 7701 Registered No. .....

FULL NAME OF CHILD Evelyn Jane Nesbit

Sex of Child Girl | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth 1 | Legitimate? Yes | Date of Birth May 26 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Loyal McCall Nesbit	FULL MAIDEN NAME Leon Hattie Beasley
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Mill Man	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) J. R. Nesom

(Physician or midwife)

Address .....

Filed 9/21 1920 Geo. D. Lesher

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO. 38071

JAN 18 1945

NOV 14 1944

595-104-040-445

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84530

County of Shoshone

City of Kellogg

Registration District No. 143

File No. 57

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Leslie Kellogg Nier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	6 4 1920

FATHER		MOTHER	
FULL NAME	William Sherman Nier	FULL MAIDEN NAME	Annie Munson
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ind	BIRTHPLACE	Texas
OCCUPATION	Janitor at dry house	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 11:30 P.M. at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 9/21 1920 Geo. D Lesher

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1942

239-101-040-814

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 84531

Primary Registration District No. 1201 Registered No. .....

FULL NAME OF CHILD Laurence William Scrafford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		1	Yes	Sept 1 1920

FATHER	MOTHER
FULL NAME William B. Scrafford	FULL MAIDEN NAME Fay Stange
RESIDENCE Kellogg	RESIDENCE Kellogg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE B.C.	BIRTHPLACE Wash
OCCUPATION Blacksmith	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.20 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed 9/21 1920 Geo. D. Lasher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84532

County of Shoshone

City of Kellogg

Registration District No. 127

File No. 48

No. 135-104-040-447 St.

Primary Registration District No. 2201

Registered No.

Hospital MICHAEL MURGIC

FULL NAME OF CHILD Mike M. Alesko

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
boy	5 (To be answered only in event of plural births)	yes	Aug 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mike Alesko	FULL MAIDEN NAME	Matilda Murgic
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Crotia	BIRTHPLACE	Crotia
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 9/21 1920 Geo. O Leshu

Registrar

S-Y-CO. 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone

Certificate No. 84532
NOV 17 1941
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Mike M. aleskovich (Name on original certificate) who was born (Was born or died) on Aug. 4, 1920 (Date of event)
in Kellogg (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Mike M. Alesko	Michael Murgic Alesko

Subscribed and sworn to before me this 14th
day of Nov. 1941
Mary M. Street
Notary Public, residing at Kellogg
My commission expires July 30, 1945
[SEAL]

Signed Mike Alesko - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
401 W. Portland Kellogg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

NOV 1 3 1941

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF SHOSHONE

- - - - - - - - - - - - -

Certificate of Change of Name of Petitioner on Naturalization

Petitioner Mile Aleskovic, admitted to Citizenship in the United States of America on Petition No. 827, on the 25th day of September, A. D. 1920, in the above entitled Court had his name changed as follows:-

"(It is further ordered, upon conisderation of the petition of the said Mile Aleskovic, that his name be, and hereby is changed to MIKE ALESKO, under authority of the provisions of section 6 of the act approved June 29, 1906 (34 Stat. L., pt. 1, p. 596), as amended by the act approved March 4, 1913, entitled "An act to create a Department of Labor.")

By the Court: R. N. Dunn, Judge

- - - - - - - - - - - - -

STATE OF IDAHO)
: ss.
County of Shoshone)

I, FRED C. BAIER, Clerk of the District Court of the First Judicial District of the State of Idaho, in and for the County of Shoshone, do hereby certify that the foregoing is a full, true and correct copy of Order Changing Name of Petitioner as shown in Original Petition for Naturalization, No. 827, Petition Record, Volume 5., in my office and in my custody.

(This certificate is only issued for and is only valid for amending the birth records and names of children born to above Mike Alesko before his naturalization and change of name. It is not issued for and does not in anywise prove citizenship in the United States of Mike Alesko, or any person, as any certificate of citizenship or proof of citizenship can only be issued by the Department of Justice, Immigration and Naturalization Service, United States of America.)

In testimony whereof I hereunto set my hand and affix my official seal this 3rd day of November, A. D. 1941, at my office in Wallace, Shoshone County, State of Idaho.

FRED C. BAIER, CLERK DISTRICT COURT

By Vincent P. Whelan Deputy

443-220-040-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital Wardner

Registration District No. 123

Primary Registration District No. 2201

File No. 4/84533

Registered No. .....

FULL NAME OF CHILD Margarita Dolores Munk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	yes	6 20 1920

FATHER		MOTHER	
FULL NAME	Leonard J Munk	FULL MAIDEN NAME	Alice Wiley
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	2[illegible]
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kellogg Ida

Filed 9/21 1920 Geo. S Lasher

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84534

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

Registration District No. 123 File No. 45

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD ~~Philip~~ Bauman, Ivor Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	5	yes	5 20 1920

FATHER		MOTHER	
FULL NAME	Philip Bauman	FULL MAIDEN NAME	Cora James
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Montana	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Ida

Filed 9/21 1920 Geo. S Leaker

Registrar

Registrar

K

12/17/40 L. B.

251 - 221-040-235

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

84535

County of Shoshone

City of Kellogg R.F.D.

Registration District No. 123 File No. 44

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gertrude Stewart Seaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	2	Yes	5 21 1920

FATHER		MOTHER	
FULL NAME	Clarence Seaver	FULL MAIDEN NAME	Gertrude Stewart
RESIDENCE	Kellogg R.F.D.	RESIDENCE	Kellogg R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg Ida

Filed 9/21 1920 Geo. S Lesher

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-201-040-551

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

84536

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 172

File No. 43

Primary Registration District No. 2201

Registered No. .....

FULL NAME OF CHILD — Elizabeth Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	5	Yes	7 1 1920

FATHER		MOTHER	
FULL NAME	Geo Thompson	FULL MAIDEN NAME	Elizabeth Eva
RESIDENCE	Kellogg H S D	RESIDENCE	Kellogg
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Kellogg Ida (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9/21 1920 Geo. D. Lesher Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819 - 210 - 040 - 954

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 173

File No. 84537

No. ..... St.

Primary Registration District No. 7201

Registered No. .....

Hospital Hardware

FULL NAME OF CHILD Jane Elizabeth Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		1	Yes	9 10 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilbur Harris	Ruby Pennefield
RESIDENCE	Kellogg	Kellogg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Michigan	Idaho
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Kellogg Ida

Filed 9/21 1917 Geo. S. Lester Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

779-131-041-[redacted]
958

PLACE OF BI[redacted]

Form V. S. No. 11-C—[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77 File No. 84538

No. ..... St.

Primary Registration District No. 2176 Registered No. 128

Hospital .....

FULL NAME OF CHILD Francis Arthur Porter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Alma Porter	FULL MAIDEN NAME	Lillian Reynolds
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mgr Laundry	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs, Ida

Registrar

Filed Nov 6th 1920 Martha Marker
Registrar

[redacted]

APR 1 1942

JUL 2 8 1942

JUL 2 2 1942

MAY 1 2 1943

OCT 5 1970

155-221-041-292

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 84539

Primary Registration District No. 2176 Registered No. 127

FULL NAME OF CHILD Mary Matilda Jarkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Single		2	Yes	Sept 21 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Ray Jarkins	FULL MAIDEN NAME	Nellie Best
RESIDENCE	Victor, Ida	RESIDENCE	Victor, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dwight, Ida

Filed Nov 6 1920 Martha Marker Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1962

413-122-041-799

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 84540

Primary Registration District No. 2176 Registered No. 126

FULL NAME OF CHILD Max Foreman Dalby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas Ezra Dalby	FULL MAIDEN NAME	Chytham Pratt Griggs
RESIDENCE	Ogden Utah	RESIDENCE	Ogden, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5' A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Ida.

Filed Nov 6th 1920 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1971

3-23-71

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 12 1971
Bureau of Vital Statistics

State of Utah
County of Salt Lake } ss.

Certificate No. 84540

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Dalby (Name on Original Certificate) who was born (Was Born or Died) on August 22, 1920 (Date of Event)
in Driggs (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father's Diary (Bible Record, Insurance Policy, Etc.) prepared on Aug. 22, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed Dalby	(MAX) Max Foreman Dalby
		MAX FOREMAN DALBY

Subscribed and sworn to before me this First day of April, 19 71

Notary Public, residing at Salt Lake City, Utah
My commission expires August 4, 1973
(Seal)

Signed Otteow C Dalby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant, if correcting a death record; or other credible person.)

1141 Blaine Ave Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this First day of April, 1971

Notary Public, residing at Salt Lake City Utah
My commission expires August 4, 1973
(Seal)

Signed Step mother Wealthy N. Dalby
(Signature of Any Credible Person)

1141 Blaine Ave Salt Lake City Utah
(Street Address, City, State)

FORM DH 60-155

Certificate of Ordination certifies that Max ~~Forman~~ Foreman Dalby was ordained a Deacon in the L.D.S. Church on Sept. 4, 1932. Holds office of Elder, Kenneth J. Kofford. Viewed by V.S.

Public Schools of Salt Lake City, Utah progress Record of Max Dalby [redacted], Dated Sept. 4, 1924. J. Mitchell, Teacher of Forest School. Viewed by V.S.

APR 14 1971

247 - 217-041-255

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77

File No. 84541

No. ..... St.

Primary Registration District No. 2176

Registered No. 125

Hospital .....

FULL NAME OF CHILD Mary Buston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	July	17	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred Leslie Buston	Mercedes Kent
RESIDENCE	Driggs Ida	Driggs Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician

(Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 11/6 1920

Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-228-041-769

PLACE OF BIRTH

Amended 5/7/79

Form V. S. No. 11-C—25m-9-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84542

County of Teton

City of Tetonia

Registration District No. 17

File No.

No. St.

Primary Registration District No. 2176

Registered No. 124

Hospital

FULL NAME OF CHILD Goldie Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 25 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans Norman Hansen	Inez Isreal Porter
RESIDENCE	Tetonia	Tetonia
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	33
BIRTHPLACE	Utah	Idaho
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Culbertson

P. Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Driggs

Filed Nov 6th 1936 Martha Marker Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 7 3 17 PM '79

State of _____ } ss.
County of _____

Certificate No. 84542
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vivian Hansen (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 28, 1920 (Date of Event)

in Tetonia (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Vivian Hansen	Goldie Hansen

Subscribed and sworn to before me this 5th day of March 19 79

Notary Public, [signature]
Residing at Driggs, Idaho
My commission expires July 2, 1979
(Seal)

x: Goldie Wood
Signature of Applicant
Box 67 Tetonia, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March 19 79.

Notary Public, [signature]
Residing at Driggs, Idaho
My commission expires July 2, 1979
(Seal)

John A. Berry
Supporting Signature
Box 36 Tetonia Idaho
Street Address, City, State

2-26-79

Record of Blessing and Baptismal from the LDS Church gives name as Goldie HansenXM Wood born Oct 23, 1920 at Tetonia, Idao. date of Blessing: Aug 7, 1921 and date of Baptism as July 28, 1929. father's name as Hans Norman Hansen and mother name as Sarah Selena Porter. viewed by V. S.

MAY 7 1979

Marriage License and Certif from Idaho gives names as Clarance Lavon wood and Goldie Hansen. married Nov 11,1940. viewed by V. S.

714-118-041-393

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 84543

Primary Registration District No. 2176 Registered No. 123

FULL NAME OF CHILD Joseph Gamba Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 15 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Gamba	Dina Lichati
RESIDENCE	Driggs Victor	Driggs Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	49	41
BIRTHPLACE	Kentucky	Germany
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Cuthbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs, Idaho.

Filed Nov 6th 1920 Martha Marker

..... Registrar Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-118-041-844

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77 ..... File No. 84544

Primary Registration District No. 2176 ..... Registered No. 122

FULL NAME OF CHILD Vern Westover

Sex of Child	Twin ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	second	yes	Oct. 18 1920

FATHER		MOTHER	
FULL NAME	Arthur Westover	FULL MAIDEN NAME	Hettie Humble
RESIDENCE	~~Driggs~~ Victor	RESIDENCE	~~Driggs~~ Victor
COLOR	W AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Section Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alsin (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed Nov 6th 1920 Martha Marker

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652 - 218-041-844

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77

Primary Registration District No. 2176

File No. 84545

Registered No. 121

FULL NAME OF CHILD Vera Westover

Sex of Child	Twin ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7	2 First	yes	Oct. 18 1920

FATHER		MOTHER	
FULL NAME	Arthur Westover	FULL MAIDEN NAME	Hettie Humble
RESIDENCE	~~Driggs~~ Victor	RESIDENCE	~~Driggs~~ Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	~~Driggs~~ Utah
OCCUPATION	Section Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Elbe (Born alive or stillborn) at 5 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Filed Nov 6th 1920 Martha Marker

Registrar

Registrar

ADING INK THIS IS A PERMANENT RECORD

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353-204-041-466

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 74 File No. 84546

Primary Registration District No. 2176 Registered No. 120

FULL NAME OF CHILD Guinevere Larue Letham

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Oct. 4 1920

FATHER		MOTHER	
FULL NAME	Daniel O Letham	FULL MAIDEN NAME	Isabell Moffit
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancheman	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 30 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician
(Physician or midwife)

Address Driggs Idd

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 6th 1920 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-219-041-464

PLACE OF BIRTH

[redacted] STATE BOARD OF HEALTH

Form V. S. No. 11—25m-1-3-18

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

Registration District No. 77 File No. 84547

No. ..... St.

Primary Registration District No. 2176 Registered No. 119

Hospital .....

FULL NAME OF CHILD Baby Mc Cracken

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	James Mc Cracken	FULL MAIDEN NAME	Violet Douglass
RESIDENCE	Tetonia, Idaho	RESIDENCE	Tetonia, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	45
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 15 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1130 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Caroline Trammell

Midwife (Physician or midwife)

Address Tetonia, Ida.

Filed Oct 24 1920 Martha Marker Registrar

S-T CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted]

DECEASED

351-203-042-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital home

Registration District No. 36

File No. 84549

Primary Registration District No. .....

Registered No. 79

FULL NAME OF CHILD Margaret Elizabeth Teater

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct. 3 1920

FATHER	MOTHER
FULL NAME: Howard Lester Teater	FULL MAIDEN NAME: Margaret May Sutton
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Ore
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 A.M. on the date above stated.

(Signature) [redacted]

physician (Physician or midwife)

Address Kimberly, Idaho

Filed Oct 13, 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

84349

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Kimberly

Street and House No.

County Twin Falls

Registered No. 79

Registration Dist. No. 36

Sex of Child Female

Date of Birth Oct (MONTH) 3 (DAY) 1930 (YEAR)

Father Howard Lester Teater (FULL NAME)

Mother Margaret May Sutton (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Margaret Elizabeth Teater (GIVEN NAME IN FULL) (SURNAME)

as reported by Mrs. H. L. Teater (FATHER OR MOTHER)

(LOCAL REGISTRAR)

859-223-042-859

PLACE OF BIRTH [redacted] IDAHO

Form V. S. No. 11-C—25m-9-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36

Primary Registration District No. .....

File No. 84550

Registered No. 80

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		No	Oct 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Frances Hernandez
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	Mexican AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE		BIRTHPLACE	Mexico City
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Goodspeed M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly

Filed Oct 26 1920 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-87867

214-224-042-000 Added child's name and mother's maideden name 9-19-94 ms

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 84551

No. ..... St.

Primary Registration District No. .....

Registered No. 81

Hospital home

FULL NAME OF CHILD Mercy Rose Samano

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct. 24, 1920

FATHER		MOTHER	
FULL NAME	Lauro Samano	FULL MAIDEN NAME	Maria - - - Garcia
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	mexican	COLOR	mexican
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 30, 1920 J M Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-367696

6-23-94

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
AUG 31 1994
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 84551
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Samano (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 24, 1920 (Date of Event)
in Kimberly (Twin Falls) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Samano	Mercy Rose Samano
mother's maiden name	omitted	Garcia

Subscribed and sworn to before me this 25th day of August, 1994.

Notary Public, Elizabeth E. Middlekauff
Residing at 60 S. Market Street, San Jose 95113
My commission expires December 6, 1996
(Seal)

armer
Mercy Rose Samano
Signature of Applicant
26700 Shady Oaks Ct Los Altos Hills, Calif. 94022
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

~~(Must be completed)~~
(Is not necessary X)

The undersigned does solemnly swear that he knows the facts set forth above and that they are true to the best of his knowledge.

ELIZABETH E. MIDDLEKAUFF
Notary Public - California
Santa Clara County
My Comm. Expires Dec. 6, 1996

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

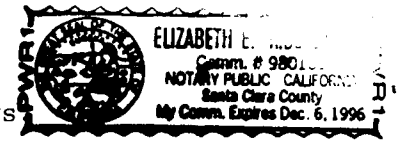
_____
Supporting Signature

_____
Street Address, City, State

1 cc credit

SEP 1 9 1994

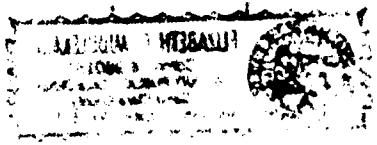
State of Idaho Certificate of Birth filed Jan. 10, 1941 file #305484 for Mary Marlene Armer born Oct. 13, 1940 in Jerome ID to Lowell Gilbert Armer and Mercy Rose Samano viewed VS.



Community Property Agreement dated Dec. 19, 1984 between Lowell G. Armer and Mercy R. Armer viewed vs

Certificate of marriage Saint Ignatius Church El Paso TX shows Lauro Samano and Maria Garcia were married Aug. 23, 1918 viewed VS.

Certificate of Birth State of Utah file #3295 shows baby girl Samano was born Spet. 13, 1923 to Lauro Samano mother's maiden is Garcia viewed VS.



MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-227-042-386

PLACE OF BIRTH

Amended 4/30/79

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 36

File No. 84552

No. ..... St.

Hospital home

Primary Registration District No. .....

Registered No. 82

FULL NAME OF CHILD Beth Manning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct. 27, 1920

FATHER

FULL NAME David Henry Manning

RESIDENCE Murtaugh, Idaho

COLOR W

AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Elizabeth Thompson

RESIDENCE Murtaugh, Idaho

COLOR W

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Hw,

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:50 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

physician

(Physician or midwife)

Given names added from a supplemental report.

19.....

Address Kimberly, Idaho

Filed Oct 30, 1920

Registrar

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 26 8 18 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 84552
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Elizabeth Manning (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 27, 1920 (Date of Event)

in Murtaugh, ID (TF) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Elizabeth Manning	Beth Manning
father's name	Davis Henry Manning	David Henry Manning

Subscribed and sworn to before me this 23rd day of April, 1979.

Notary Public, [illegible]
Residing at [illegible], Idaho
My commission expires 7/5/1981
(Seal)

[illegible]
Signature of Applicant

[illegible] West 3000 South Bountiful Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

4/13/79 check returned

Church certificate of birth lists name as Beth Manning, born October 27, 1920, in Murtaugh, Idaho, to D. Henry Manning and Elizabeth Thompson. Dated Nov.28,1920. viewed by vs April 13, 1979

APR 30 1979

Marriage license and certificate lists name as Beth Manning. Dated February 19, 1942. Salt Lake County, Utah.
viewed by vs April 13, 1979

Obituary for David H. Manning who dided May 31, 1963 gives dauhhter's name as Mrs. Robert S. (Beth) Kirkham. viewed by V. S.

259-127-042-259

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-37

Registration District No. .....

File No. 84553

Primary Registration District No. .....

Registered No. 63

FULL NAME OF CHILD ..... WAYNE D. KERBY

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 27 1920

FATHER		MOTHER	
FULL NAME	Dewitt Kerby	FULL MAIDEN NAME	Ethel Hooper Kerby
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Georgia	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 2 a M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Goodheart M.D.

Physician (Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO FEB 25 1944

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 84553

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on October 27, 1920 (Date of Event)
in Kimberly, Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Wayne D. Kerby

Subscribed and sworn to before me this 19th
day of February, 19 44.

M F Ryan

Notary Public, residing at Gooding, Idaho

My commission expires Dec. 8, 1947
(Seal)

Signed Ethel Hooker Kerby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
mother of above named
Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of February, 19 44.

M F Ryan

Notary Public, residing at Gooding, Idaho

My commission expires Dec. 8, 1947
(Seal)

Signed D Kerby
(Signature of Any Credible Person Other Than Previous Year)
Father of above named
Gooding, Idaho
(Street Address, City, State)

MAR 1 194

469 - 128-042-855

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

Registration District No. 36

File No. 84554

No. ..... St.

Primary Registration District No. .....

Registered No. 84

Hospital home

FULL NAME OF CHILD William Morrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct. 28, 1920

FATHER		MOTHER	
FULL NAME	Floyd V. Morrison	FULL MAIDEN NAME	Vera Avis Henry
RESIDENCE	Murtaugh, Idaho	RESIDENCE	Murtaugh, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	IOWA
OCCUPATION	cow-boy	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 30, 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1942

AUG 27 1945

464-230-042-132

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital home

Registration District No. 36

File No. 84555

Primary Registration District No. .....

Registered No. 85

FULL NAME OF CHILD Madelyne Marie Douglas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct. 30 1920

FATHER	MOTHER
FULL NAME: Gerald E. Douglas	FULL MAIDEN NAME: Oma Opal Atkeson
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Colo	BIRTHPLACE: Mo.
OCCUPATION: butcher	OCCUPATION: Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 31, 1920

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815 - 230 - 042 - 445

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 84556

Primary Registration District No. ..... Registered No. 8-6

FULL NAME OF CHILD Yona Yant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct. 30 19 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas J. Yant	Nora Winetta Dunn
RESIDENCE	Kimberly, Idaho	Kimberly, Idaho.
COLOR	W	W
AGE AT LAST BIRTHDAY	34 (Years)	31 (Years)
BIRTHPLACE	South Dakota	Kansas
OCCUPATION	farmer	Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:55 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) .....

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Oct. 31, 1930

Registrar

381-108-042-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36

File No. 84557

No. ..... St.

Primary Registration District No. .....

Registered No. 87

Hospital home

FULL NAME OF CHILD Carroll Chadvick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
male		yes	Oct 8 20

FATHER		MOTHER	
FULL NAME	Robert E. Chadvick	FULL MAIDEN NAME	Elsie Harris
RESIDENCE	Kimberly, Ida	RESIDENCE	Kimberly, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Penn
OCCUPATION	Garage manager owner	OCCUPATION	Hv.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

(Signature) [signature]

physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Oct. 18, 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/4/41 L. B.

Dup of 1920-83853

NOT

391-125-042 866

Form V. S. No. T1-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 84558

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD George William Trappen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 25. 1920.

FATHER

FULL NAME Peter Trappen

RESIDENCE Twin Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ill.

OCCUPATION Prop. Pool Hall.

MOTHER

FULL MAIDEN NAME Gertrude Hoff

RESIDENCE Twin Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 26. (Years)

BIRTHPLACE Wash

OCCUPATION Home & Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:15 A/M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. T. Coughlin

Physician (Physician or midwife)

Address Twin Falls Ida

Filed June 28. 1920 J. T. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 84558
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Trappen (Name on original certificate) who Born (Was born or died) on 6-25-1920 (Date of event)
in Twin Falls, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Affidavit (Bible record, insurance policy, etc.) prepared on (Give date); are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	George William Trappen

Subscribed and sworn to before me this 17th
day of November, 1941.
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires
[SEAL]

Signed Mrs. Gertrude Trappen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of November, 1941.
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

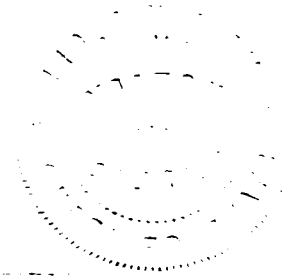
Signed Margaret Lof
(Signature of any credible person other than the previous affiant.)

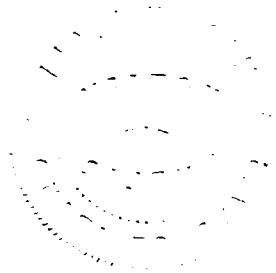
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 17 1941

MAY 30 1973





239-202-042-386

Form V. S. No. 11-C—20m-6-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Burl

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 84559

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Neva Nadine Strader

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single		Yes	Sept. 2 1920

FATHER	MOTHER
FULL NAME: Jesse Grant Strader	FULL MAIDEN NAME: Lydia Alice Thomas
RESIDENCE: Burl	RESIDENCE: Burl
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Los Angeles	BIRTHPLACE: Nickerson Kansas
OCCUPATION: Farmer	OCCUPATION: Home wife

Number of child of this mother, including present birth: 6 Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

(Physician or midwife)

Address Burl Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Oct 29 1920 J. W. Murphy

Registrar

864-201-042-693

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. 14th St.

Registration District No. 39 File No. 84560

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Irma Maxine Housh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 - 1 - 1920

FATHER		MOTHER	
FULL NAME	Robert Oscar Housh	FULL MAIDEN NAME	Willie Lucille Williamson
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois USA	BIRTHPLACE	Mississippi USA
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:50 A.M. on the date above stated.

(Signature) Geo. D. Randall M.D.

Buhl Ida. (Physician or midwife)

Address Buhl Ida

Filed NOV 30 1920

J. H. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

..... Registrar

5-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Photo Copy of Marriage License and Certificate, Stateof Mississippi, license obtained June 17, 1940, married June 17, 1940 gives full name of groom as David W. Lewis, Jr. and full name of bride as Irma Maxine Housh viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Photo Copy of Own Child's Birth Cert., State of Mississippi, child born July 29, 1946 at Jackson, Mississippi, to Davis Wesley Lewis, Jr., age 28, born in Flora, Miss. and Irma Maxine Housh, age 25, born in Buhl

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Illinois
County of Knox } ss.

Idaho - birth cert. ~~filed~~ rec. by registrar 8-5-1946 viewed by V.S.

Certificate No. 84560

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Housh (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1920 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Irma Maxine Housh

Subscribed and sworn to before me this 26th day of June, 1962

Suzanne L. Peterson
Notary Public, residing at Galesburg, Ill.
My commission expires Feb 24, 1964
(Seal)

Signed /s/ Robert O. Housh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mounted Route, Galesburg Ill
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 6-15-62. nm 1 copy pd. rec. #15201.

SEP 6

663-101-042-653

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 84561

No. ..... St.

Primary Registration District No. 2081 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ernest Loy Wolfinbarger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	10 - 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Wolfinbarger	FULL MAIDEN NAME	Sylvia Wellman
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Buhl Ida

Filed OCT 30 1920 ~~NOV~~ 30 1920 19.... J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/16/41. w.h.

693-102-042-655

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 84562

No. ..... St.

Primary Registration District No. 2081 Registered No. .....

Hospital .....

FULL NAME OF CHILD Russel Sidney Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	10 (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred L. Wilson	FULL MAIDEN NAME	Mary Weedin
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed ~~NOV~~ Oct 30 1920 J. H. Murphy Registrar

Registrar

OCT 30 1920

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1943

APR 11 1944

795-204-042-754

PLACE OF BIRTH

Form V. S. No. 11-C ~~21m-9-8-15~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. 2N. x 1/4 E. of Buhl

Registration District No. 39

Primary Registration District No. 2087

File No. 84564

Registered No.

Hospital

FULL NAME OF CHILD Lois Loraine Green

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	10 - 4 - 1920

FATHER		MOTHER	
FULL NAME	Vernon A Green	FULL MAIDEN NAME	Minnie Gusdat
RESIDENCE	2N. x 1/4E of Buhl Ida	RESIDENCE	2 N. x 1/4E of Buhl Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Kansas U.S.A.	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo B Randall M.D.

Physician (Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed OCT 30 1920 NOV 30 1920

J. A. Murphy
Registrar

8-Y-CO 35071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 84564

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Green (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1920 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lois Lorraine Green

Subscribed and sworn to before me this 13th day of April, 1972

Notary Public, residing at Buhl Idaho
My commission expires 11-15-72
(Seal)

Signed X Ernest E Green
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

114 9th N Buhl Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of April, 1972

Notary Public, residing at Buhl Idaho
My commission expires 11-15-72
(Seal)

Signed X Ruth Green
(Signature of Any Credible Person)

X 114 9th N Buhl Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/14/72 nm

State of Idaho Public School Diploma gives name as Lois Loraine Green. Dated May 20, 1935. From Twin Falls, Idaho. Viewed by V. S.

MAY 23 1972

Certificate of Marriage from Oregon gives groom's name as Melvin L. Stewart and the bride's name as Lois L. Green. dated Oct. 4, 1938. Viewed by V. S.

JUN 17 1976

249-106-042-867

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. 84565

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Marion Randall Smithwick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	10-6-1920

FATHER		MOTHER	
FULL NAME	Marion Abraham Smithwick	FULL MAIDEN NAME	Helen Geneva Hopkins
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Illinois W.S.9	BIRTHPLACE	Kansas W.S.9
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. B. Randall M.D.

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Buhl Ida

Filed ~~NOV~~ Oct 30 1920 J. H. Murphy Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN

DEC 2 1941

813-208-042-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 84566

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Beulah Fern Yates

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10 (Month) - 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	C. G. Yates	FULL MAIDEN NAME	Hattie Martin
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Buhl

Filed OCT 30 1920 19

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1944

132-209-042-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl. Registration District No. 39 File No. 84567

No. 13 St. Primary Registration District No. 7087 Registered No.

Hospital Buhl General

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	10 - 9 - 1920

	FATHER	MOTHER
FULL NAME	W. M. Alsbury.	Fannie Harris.
RESIDENCE	Twin Falls.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Mo.	Wash.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive., at 5.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M. D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

....., 19.....

Registrar

Filed OCT 30 1920 19

J. N. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-880287

291-111-042-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl. Registration District No. 39 File No. 84568

No. ..... St.

Hospital Buhl General. Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ~~Baby Boy~~ CANTON Clarence Kraemer.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	1st	Yes.	10-11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. A. Kraemer.	Emily Barrett
RESIDENCE	Buhl.	Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	32
BIRTHPLACE	Iowa.	Iowa
OCCUPATION	Plumber.	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed OCT 30 1920

J. A. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

NOV 12 1943

Certificate No. 84568

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Anthony Clarence (Name on Original Certificate) who was Born (Was Born or Died) on Oct. 11-1920 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Anthony Clarence	Anton Clarence Kramer

Subscribed and sworn to before me this 9th
day of November, 1943
Bernard D. Starr
Notary Public, residing at Buhl, Idaho
My commission expires Nov. 8, 1947
(Seal)

Signed Henry F. Kramer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

409-7th Ave. N., Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of November, 1943
Bernard D. Starr
Notary Public, residing at Buhl, Idaho
My commission expires Nov. 8, 1947
(Seal)

Signed Robert D. Stewart
(Signature of Any Credible Person Other Than Previous Year)

420-8 Ave Buhl Ida
(Street Address, City, State)

NOV 19 1943

291 - 111 - 042 - 319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl. Registration District No. 39 File No. 84569

No. ..... St.

Hospital Buhl General. Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Jan Henry Kramer

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			2nd	Yes	10 - 11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. G. Kramer.	Emily Cavett
RESIDENCE	Buhl.	Same.
COLOR	W.	W.
AGE AT LAST BIRTHDAY	40 (Years)	37 (Years)
BIRTHPLACE	Iowa.	Iowa.
OCCUPATION	Plumber.	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7.10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed OCT 30 1920

J. F. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1942

MAR 2 0 1975

493-112-042-284

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. 9th Ave St.

Hospital

Registration District No. 39 File No. 84570

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Don Eugene Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	10-12-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey Alfred Miller	FULL MAIDEN NAME	Martha Shuler
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colorado U S A	BIRTHPLACE	Ohio U S A
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo B Randall MD

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Buhl Ida

19

Filed ~~NOV 30 1920~~ OCT 30 1920 J. H. Murphy Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyo. } ss.
County of Albany }

Certificate No. 84570

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Don Eugene Miller (Name on Original Certificate) who born (Was Born or Died) on Oct. 12, 1920 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	
	Card not signed, [illegible]	

Subscribed and sworn to before me this 12th day of January 1944

Signed Mrs. Martha Miller (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Laramie, Wyoming

My commission expires August 5, 1944 (Seal)

Box 533, Laramie, Wyoming (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming } ss.
County of Albany }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1944

Signed Helen Harrel
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Laramie, Wyo.

My commission expires August 5, 1944 (Seal)

812 Harney St. Laramie, Wyo. (Street Address, City, State)

JAN 21 1944

299-112-042-399

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84571

County of Twin Falls

City of Buhl Registration District No. 39 File No.

No. St.

Primary Registration District No. 2089 Registered No.

Hospital

FULL NAME OF CHILD George Robert Birge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 12 1920

FATHER		MOTHER	
FULL NAME	Harry E. Birge	FULL MAIDEN NAME	Myrtle E Trumbell
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 12-1920, at 10, 45 A.M. on the date above stated.

(Born alive or ~~stillborn~~.)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen M.D.

Physician.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 10-22 1920

J. Allenby

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-113-042-168

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

Registration District No. 39 File No. 84572

No. ..... St.

Hospital Buhl General

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Ernest James Hamar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes.	10-13 1920

	FATHER		MOTHER
FULL NAME	A. E. Hamar	FULL MAIDEN NAME	Susan Johnson
RESIDENCE	Buhl Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kan.	BIRTHPLACE	Kan
OCCUPATION	Plumber.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Buhl Ida

Filed OCT 30 1920 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-117-042-659

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 84573

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Richard Robert William Ulrich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) – 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Louis Ulrich	FULL MAIDEN NAME	Ida Werner
RESIDENCE	Buhl, Id.	RESIDENCE	Buhl, Id.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Hsewfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed ~~NOV 30 1920~~ 19....

J. T. Murphy
Registrar

OCT 30 1920

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1944

369-119-042-142

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl.

No. ..... St.

Registration District No. 39 File No. 84574

Hospital Buhl General

Primary Registration District No. 7087 Registered No. .....

FULL NAME OF CHILD John Lorraine Jr

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
W.				yes.	10 - 19 1920

FATHER		MOTHER	
FULL NAME	Jas. Lorain	FULL MAIDEN NAME	Fay Cusburn
RESIDENCE	Buhl.	RESIDENCE	Dana
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	31
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kab.	BIRTHPLACE	Kab.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 6.10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) J. A. Murphy M.D.

(Physician or midwife)

Address Buhl Ida.

Filed OCT 30 1920

J. A. Murphy
Registrar

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 5 1943

254-121-042-762

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Buhl Twin Falls

CERTIFICATE OF BIRTH

City of Buhl

Registration District No. 34 File No. 84575

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD ANTONE GEORGE Sediwy

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10-21-1920

FATHER		MOTHER	
FULL NAME	Frank Sediwy	FULL MAIDEN NAME	Eva Florence Goss
RESIDENCE	Buhl, Id.	RESIDENCE	Buhl Id
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed [redacted] 1920

OCT 30 1920

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/20/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 84575
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Antone George (Name on original certificate) who was born (Was born or died) on Oct 21, 1920 (Date of event)
in Buhl, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by INSURANCE policy (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
	no name given	Antone George SEDIVY

Subscribed and sworn to before me this 12
day of May, 1941
W. L. Hawark
Notary Public, residing at Buhl Ida.
My commission expires July 30-1944
[SEAL]

Signed Mrs Eva Sedivy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
R + Buhl Ida
(Street Address, [redacted]

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of May, 1941
W. L. Hawark
Notary Public, residing at Buhl Ida.
My commission expires July 30-1944
[SEAL]

Signed Mrs Blanche Lillibridge
(Signature of any credible person other than the previous affiant)
Buhl Ida R#3
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

853-121-042-000

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 84576

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Heller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 21 1920

FATHER		MOTHER	
FULL NAME	Albert E. Heller	FULL MAIDEN NAME	
RESIDENCE	Buhl, Id.	RESIDENCE	Buhl Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) George Jennings M. D.

(Physician or midwife)

Address Buhl, Id.

Filed ~~NOV 20 1920~~ OCT 30 1920

J. T. Murphy Registrar

H Z no mother

653-122-042-595

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 84577

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD George Peter Welsh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 22 1920

FATHER		MOTHER	
FULL NAME	Peter T. Welsh	FULL MAIDEN NAME	Annie Christine Nielson
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Oct 22 - 1920 (Born alive or stillborn), at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen MD

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address J. H. Murphy

Filed 10-22 1920 J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Weber }

Certificate 84577 84577
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for George Peter Welsh (Name on original certificate) who was born on Oct 22 1920 (Was born or died) (Date of event)
in Buhl Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Oct 22 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Welsh	George Peter Welsh

Subscribed and sworn to before me this 28th
day of August, 1944
S. E. Minchley
Notary Public, residing at Ogden, Utah
My commission expires June 29, 1945
[SEAL]

Signed Mrs Peter Welsh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ogden R.F.D. No.1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of August, 19.44
S. E. Minchley
Notary Public, residing at Ogden, Utah
My commission expires June 29, 1945
[SEAL]

Signed Andrew P. Nilsen
(Signature of any credible person other than the previous affiant.)

178 33rd. St. Ogden, Utah
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

SEP 4 1944

795-222-042-653

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 84578

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Gregory

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	Oct. 22 1920

FATHER		MOTHER	
FULL NAME	Wm. Henry Gregory	FULL MAIDEN NAME	Bessie Mabala Welch
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl Id
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hsewfe

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl, Ida.

Registrar

Filed ~~NOV 30 1920~~ OCT 30 1920

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-223-042-858

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 84579

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Goldie May Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Oct. 23 1920

FATHER		MOTHER	
FULL NAME	Arthur Chester Parker	FULL MAIDEN NAME	Goldie May Hoyt
RESIDENCE	Buhl Id	RESIDENCE	Buhl, Id.
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jenning M.D.

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed [redacted] 1920

OCT 30 1920

J. H. Smiley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Idaho Twin Falls } ss.

Certificate No. 84579

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for none (Name on Original Certificate) who born (Was Born or Died) on October 23, 1920 (Date of Event) in Buhl Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on October 23, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name	Goldie May Parker

Subscribed and sworn to before me this 25 day of June, 1942

Cecil Evans

Notary Public, residing at Boise

My commission expires April 12, 1943
(Seal)

Signed Goldie Parker (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7 1/2 N. 5th Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of June, 1942

Cecil Evans

Notary Public, residing at Boise Idaho

My commission expires Apr. 12, 1943
(Seal)

Signed Pearl Titmus
(Signature of Any Credible Person Other Than Previous Year)

2117 Jefferson Boise Idaho
(Street Address, City, State)

SEP 1 0 1942

395-125-042-284

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

Registration District No. 39 File No. 84580

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Arthur Linsted Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	10 - 25 - 1920

FATHER		MOTHER	
FULL NAME	Arthur Linsted	FULL MAIDEN NAME	Alma Shull.
RESIDENCE	Buhl.	RESIDENCE	Dana
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Cal.
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7.15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M. D.

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed OCT 30 1920

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-228-042-866

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 84581

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Oct. 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Lester Allen	FULL MAIDEN NAME	Hazel Gwendolyn Howard
RESIDENCE	Buhl, Id.	RESIDENCE	Buhl, Ida.
COLOR	Wht AGE AT LAST BIRTHDAY 28 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jenning M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl, Ida.

Registrar

Filed ~~NOV 30 1920~~ OCT 30 1920

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-228-042-695

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 39 File No. 84582

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Eleanor Walter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	10 28 1920

FATHER		MOTHER	
FULL NAME	William Walter	FULL MAIDEN NAME	Lucile Finch
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ohio	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) X F McCluskey

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed ~~NOV 30 1920~~ OCT 30 1920

J. Murphy
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1944

2081

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—2M-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 84583

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Kuniko Watanaba

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 20 (Year)
Fem				Yes	Oct.	30	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben S. Watanaba	Katsu Yoshioka
RESIDENCE	Buhl, Ida.	Buhl, Ida.
COLOR	Yellow	Green
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Steno

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) George Jennings M.D.
(Physician or midwife)

Address Buhl, Ida.,

Filed ~~OCT 30 1920~~ 19....
OCT 30 1920

J. A. Murphy Registrar

AUG 4 1965

695-231-042-319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 84584

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	10 (Month) 31 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. E. Winesett	FULL MAIDEN NAME	Hallie Carson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Va.	BIRTHPLACE	N. Carolina
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed ~~NOV 30 1920~~ 19.... J. H. Murphy Registrar

Registrar

OCT 30 1920

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-128-014-275

PLACE OF BIRTH

County of Canyon

City of Caldwell

No 1801 - Cleveland Blvd.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

84585

Registration District No. 7

File No.

Primary Registration District No. 1504

Registered No.

Full Name of Child John E. Doss

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male	—	—	yes	10 28 1920

FATHER		MOTHER	
FULL NAME	Henry L. Doss	FULL MAIDEN NAME	Ida Speer
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oklahoma	BIRTHPLACE	Oklahoma
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) on the date above stated, at 4 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo M. Chittim M.D.

(Physician or midwife)

Address Nampa Ida

Filed Nov 10 1920 Pearle Dodds

Registrar

Given names added from a supplemental report

..... 19....

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

[redacted]

PLACE OF BIRTH

County of [illegible]

[redacted]

(Day) (Year)

(Years)

birth

M

(Physician or midwife)

Address

Filed 19

Registrar

Given names added from a supplemental report

19

Registrar

296-131-030-681

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84586

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Richard Burrell Brough

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m	—		—	Yes	May 31 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burrell Albert Brough	FULL MAIDEN NAME	Ruby Harriet Wyant
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Hotel proprietor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F. Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon, Idaho

Filed 11/10 1920 M. Dering Greene

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1941

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84587

415-227-001-991

County of Ada

City of Boise

No 1408 Grand Ave St.

Hospital

Registration District No. 8

Primary Registration District No. 10.4

File No.

Registered No. 89

Full Name of Child Dorothy Ann Daniel

SEX OF CHILD 7	Twin Triplet or other? ✓ and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct. 27 20 (Month)

FATHER		MOTHER	
FULL NAME	B H Daniel	FULL MAIDEN NAME	Rose V [illegible]
RESIDENCE	1408 Grand Ave	RESIDENCE	Boise [illegible]
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Washyton	BIRTHPLACE	Iowa
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed Nov 15 1920 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

Amended [illegible] 13, 1953

PLACE OF BIRTH

319-[illegible]-001-433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 8

File No. 84588

Hospital .....

Primary Registration District No. 1004

Registered No. 90

FULL NAME OF CHILD JENNIE MARIE CARTER

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f.		yes	9 - 29 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Dade F. Carter	FULL MAIDEN NAME	Ethel McColm
RESIDENCE	Boise R.2	RESIDENCE	Boise
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Kansas
OCCUPATION	Truck driver	OCCUPATION	hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

physician (Physician or midwife)

Address Boise, Idaho

Filed Nov. 9 1920 R. H. Pratt Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84588

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Maiden Name of Mother	McCullen	McColm

Subscribed and sworn to before me this 13th day of Feb, 1937

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Ethel E Carter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2612 N 26th St Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of Feb, 1937

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Kathryn C Carter
(Signature of Any Credible Person)

2612 N. 26th St
(Street Address, City, State)
Boise Idaho

214-775-301-962

PLACE OF BIRTH
Amended 9-22-81

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R.R.#3 St.

Hospital

Registration District No. 8

Primary Registration District No. 1004

File No. 84589

Registered No. 91

FULL NAME OF CHILD Berdene Amelia Baum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	F. L. Baum	FULL MAIDEN NAME	Myrtle Rose
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Higgs

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address 1622 Wash St

19

Filed Nov 18 1920

R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 22 9 57 AM '81

State of _____ } ss.
County of _____ }

Certificate No. 84589
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Laura Amelia Baum (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 15, 1920 (Date of Event)

in Boise (Ada County) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Laura Amelia Baum	Berdene Amelia Baum

Subscribed and sworn to before me this 22nd day of September, 19 81.

Notary Public, Florence Courtright

Residing at Boise

My commission expires Lifetime

(Seal)

Berdene Amelia Baum
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Telephone call 9-21-81 will be in office today fc

Social Security Card issued by the Social Security Administration gives name as Berdene Amelia Baum Sauers. Card issued 1952. # 519 49 0309
Viewed by V.S.

SEP 2 1981 .

Own child's birth certificate on file with Vital Statistics, Boise, Idaho, gives name as Berdene Amelia Baum mother of Barbara Goff. Child born May 29,1940 to William Lawrenece Goff and Berdene Amelia Baum, state file # 295020
Viewed by V.S.

753-207-001-314

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Ada

City of Boise

No. R.F.D. #2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 84590

Primary Registration District No. 1004 Registered No. 92

FULL NAME OF CHILD Dorothy May Peterson

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Peterson	FULL MAIDEN NAME	Grace Campbell
RESIDENCE	R.F.D. #2 Boise Ida	RESIDENCE	R.F.D. #2 Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebrasda
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:57 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward F Burns M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 303-304 McCarty Bldg

Filed Nov 18 1920 R. H. Pratt
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 12 1968

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 12 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 84590

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dorothy Peterson (Name on Original Certificate) who born (Was Born or Died) on Nov. 11, 1920 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	no name	Dorothy Peterson (May)

Subscribed and sworn to before me this 12th day of February, 1968

Notary Public, residing at Boise, Idaho

My commission expires 4-1-69

(Seal)

Signed Cecil J. Curington - HUSBAND
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6022 KRALL ST - BOISE, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Public School Diploma gives name as Dorothy May Peterson graduated from Mountain Home in the Count of Elmore on May 18, 1934.
Viewed by V. S.

Certificate of Baptism certifieds thate Dorothy May Peterson a caughter of R. C.Peterson and Grace Peterson born Nov.-20, 7, 1920 at Boise, Idaho. Baptized April 21, 1935 by Clarence DeFur pastor at Mountain Home, Idaho.
Viewed by V. S.

415-119-001-249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Garfield School D, Registration District No. ..... File No. 84591

No. ..... St.

Primary Registration District No. ..... Registered No. 93

Hospital .....

FULL NAME OF CHILD DONALD JOSEPH DAVID

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m				l	Nov 19 1920

FATHER		MOTHER	
FULL NAME	Fred M. David	FULL MAIDEN NAME	Pearl L. Smith
RESIDENCE	Garfield School D.	RESIDENCE	Garfield School D.
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wis	BIRTHPLACE	Ia.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4:40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Joshua Boock M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov 27 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of North Dakota } ss.
County of Mann

Certificate No. 84591

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for DONALD JOSEPH DAVID (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on NOVEMBER 19 1921 (DATE OF EVENT)
in BOISE IDAHO (PLACE OF EVENT) are ~~incorrect~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by FAMILY RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on DECEMBER 6 1923 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Donald Joseph David

Subscribed and sworn to before me this 20 day of April 1942

Notary Public, residing at Killdeer N Dak

My commission expires 7/28-1943
(SEAL)

Signed Mrs Pearl L David
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OF CREDIBLE PERSON.)

Killdeer N Dak
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of N. Dakota } ss.
County of Mann

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 20 day of April, 1942

Notary Public, residing at Killdeer N Dak

My commission expires 7/28-1943
(SEAL)

Signed Mayme Patton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

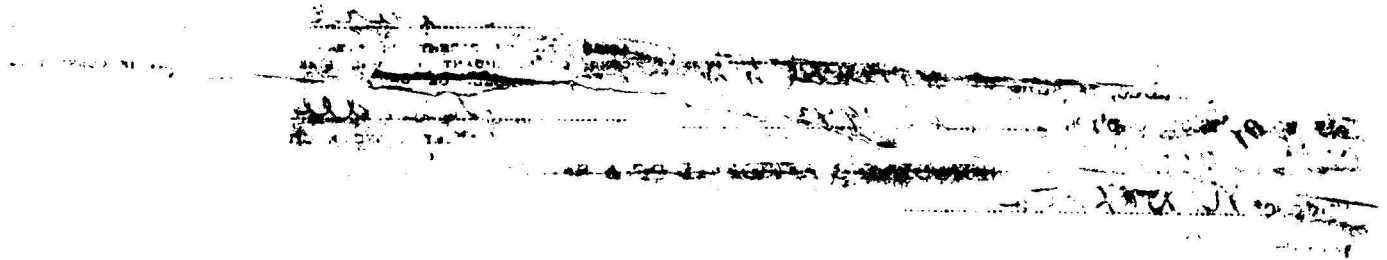
Killdeer N Dak
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 21 1942 By
(REGISTRAR'S SIGNATURE)

DEC 22 1966

FEB 6 1962

MAY 25 1942



249-209-001-108

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R. D. 1 St.

Hospital

Registration District No. 8

File No. 84592

Primary Registration District No. 1004

Registered No. 94

FULL NAME OF CHILD Dorothy Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 9 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur H. Smith	FULL MAIDEN NAME	Lulu Johnson
RESIDENCE	Boise, R. D. 1	RESIDENCE	Boise, R. D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Warehouse Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Cleveland Bldg - Boise

..... 19.....

Filed Nov. 27 1920

R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 6 1974

766-220-001-797

PLACE OF BIRTH

County of Ada

City of Boise

No. 418 - So 14 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

Primary Registration District No. 1004

File No. 84593

Registered No. 454

Full Name of Child Dorothy Goodrich

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	October 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George T Goodrich	FULL MAIDEN NAME	Mary Pigg
RESIDENCE	418 So 14 St. Boise Idaho	RESIDENCE	418 So 14 St. Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Meridian Idaho
OCCUPATION	Laborer	OCCUPATION	House work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address 417 Overland Bldg. Boise Idaho

Filed Nov 5 1920 R H Pratt

Registrar

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

...—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713 - 230 - 001 - 697

PLACE OF BIRTH

Form V. S. No. 11—10m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 84594

No. ____ St.

Primary Registration District No. 1004 Registered No. 475

Hospital St Alphonsus

FULL NAME OF CHILD Mavadee Dolores Gatchell

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct (Month) 30 (Day) 1920 (Year)

FATHER

FULL NAME Charles Barnard Gatchell

RESIDENCE 1309 Hays St Boise Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Pennsylvania

OCCUPATION Instructor in Auto mechanics

MOTHER

FULL MAIDEN NAME Myra Wigsworth

RESIDENCE 1307 Hays St. Boise Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Colorado

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 15 P. M. on the date above stated.

(Signature) Roscoe B Ward

Physician

(Physician or midwife)

Address ____

Filed Nov 5 1920 R H Pratt

Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1965
JUL 17 1972

JUL 20 1944

613-117-001-493 CHILD'S NAME AMENDED 2-19-2009 CMW

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Luke's

Registration District No. ..... File No. 84595

Primary Registration District No. ..... Registered No. 456

FULL NAME OF CHILD CHARLES ROBERT FORKNER ~~Chas. R. Forkner~~ ~~Falkner~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m			1	l	Oct (Month) 17 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas M. Falkner	FULL MAIDEN NAME	Marguerith E Miller
RESIDENCE	109 So. 8th	RESIDENCE	109. So. 8th
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Ky.
OCCUPATION	mail clerk	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 15' A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeck

MG

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 5. 1920

R H Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 28 1959
DEC 22 2008

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 1920-084595
Date Filed 11/05/1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Chas. R. Falkner (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/17/1920 (Date of Event)
in Boise (Ada Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's first name	Chas.	Charles
child's middle name	R.	Robert
child's surname	Falkner	Forkner

Subscribed and sworn to before me this 13th day of February, 2009
Notary Public, Judy M Brown
Residing at Yuma
My commission expires 9-1-09
(Seal)

OFFICIAL SEAL
JUDY M. BROWN
NOTARY PUBLIC - State of Arizona
YUMA COUNTY
My Comm. Expires Sept. 1, 2009

Signature of Applicant
Charles R. Forkner
13711 E 51st. St. Yuma AZ 853
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____ }

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

Signature of Applicant

Street Address, City, State and Zip

January 14, 2009 US ARMED FORCES DISCHARGE CERTIFICATE CHARLES R FORKNER DISCHARGED 10-24-1941 VIEWED BY VS
IDAHO MARRIAGE CERTIFICATE CHARLES ROBERT FORKNER & MARY ESTHER JOHNS(MARRIED 12-15-1941 VIEWED BY VS

133-204-001-533

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m—6-18-18

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 84596

Primary Registration District No. _____ Registered No. 337

Full Name of Child Jean Brown Allan

SEX OF CHILD Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | DATE OF BIRTH 11 (Month) 4 (Day) 1920 (Year)

FATHER

FULL NAME John Allan

RESIDENCE Mayfield, Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Scotland

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Ittles

RESIDENCE Mayfield, Idaho

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Scotland

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at _____ P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill E.A.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Nov 9 1920 R H Pratt Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 84596

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Irene Joren	Jean Brown Allan
surname	Allen	Allan

Subscribed and sworn to before me this 20
day of March, 19 43

Notary Public, residing at Boise Idaho

My commission expires 1/14/47
(SEAL)

Signed Irene Jean Allan
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 2 0 1943

619-205-001-966

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 84597

No. ..... St.

Primary Registration District No. 1004 Registered No. 478

Hospital St Lukes

FULL NAME OF CHILD Ruth Agnes Farmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov. (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Eugene A. Farmer	FULL MAIDEN NAME	Beulah Rowell
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	New York	BIRTHPLACE	Boise, Idaho
OCCUPATION	Musical director	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov 5th 1920, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos R Newberg

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed Nov 9 1920 R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1971

455 - 221 - 001 - 496

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. File No. 84598

No. ——— St.

Hospital St. Luke's Primary Registration District No. Registered No.

FULL NAME OF CHILD Jean Laura Denman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 21 1920

FATHER	MOTHER
FULL NAME G. E. Denman	FULL MAIDEN NAME Ethel Diffenderfer
RESIDENCE 910 N. 10th St. Boise, Idaho	RESIDENCE 910 N. 10th St., Boise, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Colorado
OCCUPATION Educational Supervisor	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:25 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed Nov 9- 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1969

01[redacted]

SEP 30 1952

915 - 230 - 001 - 195

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. File No. 84599

No. 2009 Ellis Ave.

Hospital

Primary Registration District No. Registered No. 460

FULL NAME OF CHILD Nedra Marie Hansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10 - 30 - 1920

FATHER	MOTHER
FULL NAME H. P. Hansen	FULL MAIDEN NAME Georgia Arnold
RESIDENCE 2009 Ellis Ave., Boise	RESIDENCE 2009 Ellis Ave., Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Missouri
OCCUPATION Foreman in Creamery	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:50 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 9- 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

DECLASSIFIED

231-1130-001-843

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 84600

No. ____ St.

Hospital St. Alphonsus — Primary Registration District No. 1004 — Registered No. 141

FULL NAME OF CHILD Edward Clifford Starn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Oct. 30 1920

FATHER	MOTHER
FULL NAME: Edgar Clifford Starn	FULL MAIDEN NAME: Mabel May Hutchinson
RESIDENCE: 908 Union Ave.	RESIDENCE: 908 Union Ave.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Boise Idaho	BIRTHPLACE: Rose Kansas.
OCCUPATION: Baggageman at Depot	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Geo Calvert

(Physician or midwife)

Address ____

Filed Nov 9, 1920 — R. H. Pratt, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19__

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1967

OCT 8 1958

3/15/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-30-11

PLACE OF BIRTH 319-202-901-279

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No.

File No. 84601

No. , St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Leah Avis Card

Sex of Child 7	Twin, Triplet, or other? and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Nov (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Roland E. Card	FULL MAIDEN NAME	Doris Springer
RESIDENCE	505 S. 3d St. Boise	RESIDENCE	Boise Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Boise Idaho
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Bowers (Physician or Midwife)

Given names added from a supplemental report

, 19

Registrar

Address

Filed Nov 9. 20

R. H. Pratt Registrar

S. & CO., 16070

966-10th-001-966

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. File No. 84602

No. St.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 443

FULL NAME OF CHILD Carrol Verne Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	Nov - 1 19 20

FATHER	MOTHER
FULL NAME Verne A. Powell	FULL MAIDEN NAME Helen Marguerite Moore
RESIDENCE R. D. No 2 Boise Ida	RESIDENCE R. D. No 2 Boise Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Fitchburg Mass.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M. on the date above stated.

(Signature) Geo Corbett

(Physician or midwife)

Address

Filed Nov 9 1920 R. H. Pratt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 12 1945

593 - 220 - 001 - 435

PLACE OF BIRTH

Form V. S. No. 11-G—22m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 301 Jefferson St.

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 84603

Registered No. 444

FULL NAME OF CHILD Madeleine Ariadne Villeneuve

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	1	Yes	Oct 20 1920

FATHER		MOTHER	
FULL NAME	N. C. Villeneuve	FULL MAIDEN NAME	Catherine McNamara
RESIDENCE	301 Jefferson St, Boise	RESIDENCE	301 Jeff. St. Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Star, Idaho	BIRTHPLACE	Boise, Idaho
OCCUPATION	Cartoonist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D.

(Physician or midwife)

Address Boise, Idaho

Filed Nov 9 1920

R. V. Ball
Registrar

Given names added from a supplemental report.

.....19.....

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-105-001-594

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1005 N 9 St.

Hospital St. Alphonsus

Registration District No. ..... File No. 84604

Primary Registration District No. ..... Registered No. ..5

FULL NAME OF CHILD ~~xxxxxxxx~~ Walter John Weber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John H. ~~Webber~~ Weber	FULL MAIDEN NAME	Cecelia M. Eiden
RESIDENCE	1005 N. 9th St. Boise, Ida	RESIDENCE	1005 N 9th St. Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Luxemburg
OCCUPATION	Vet. Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 5-1920, at 10 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Nunberg

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed Nov 9. 1920

R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1 1942

319-103-001-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1 File No. 84605

No. ____ St.

Primary Registration District No. 1004 Registered No. 446

Hospital St. Luke's

FULL NAME OF CHILD Roberta Louise Laing

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	11 — 3 — 1920

FATHER		MOTHER	
FULL NAME	R. B. Laing	FULL MAIDEN NAME	Alice P. Kuig
RESIDENCE	207 N. 14th St., Boise, Idaho	RESIDENCE	207 N. 14th St., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	South Dakota
OCCUPATION	Adv. Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.50 P. M. on the date above stated.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho.

Filed Nov 15. 1920 R. H. Rail Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1942

NOV 18 1971

Amended 9-17-59

PLACE OF BIRTH

319-110-001-236

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 84606

Primary Registration District No. 1004 Registered No. 447

FULL NAME OF CHILD James Leonard Carey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Nov. 10, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Herbert Lyle Carey	FULL MAIDEN NAME: Mabel Pearl Story
RESIDENCE: Barber, Ida.	RESIDENCE: Barber, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Hailey, Ida.
OCCUPATION: Mill Worker	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.W. Almond, M.D.

(Physician or midwife)

Address Overland Bldg. - Boise, Ida.

Give names added from a supplemental report.

....., 192.....

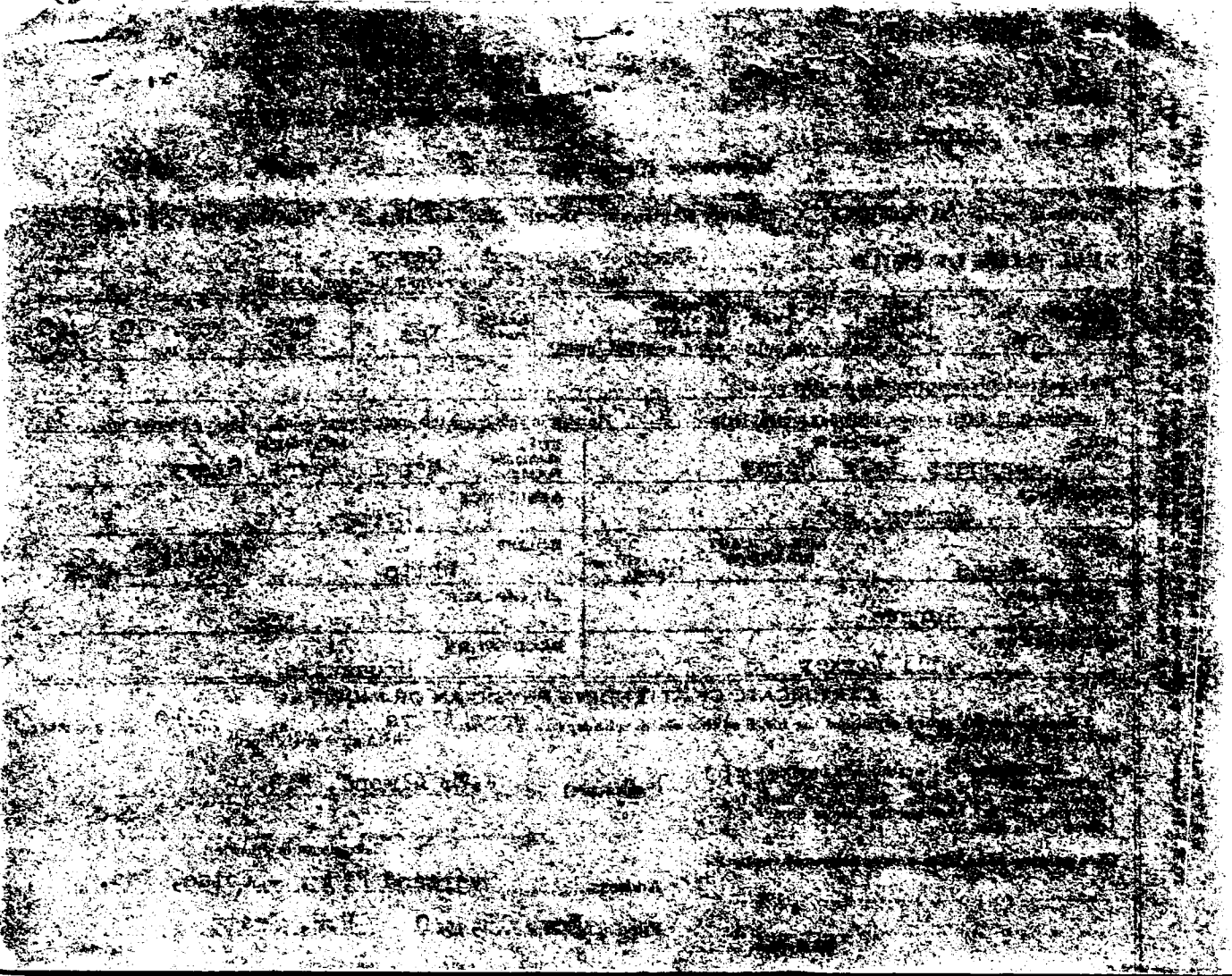
Registrar.

Filed Nov. 15, 1920 R.H. Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



July 10, 1959

Affidavit

Documents used to correct birth certificate listed on back -

Birth Certificate
State File No. 84606

Department of Public Health
Division of Vital Statistics
Boise, Idaho

I am the mother of James Leonard Carey who was born November 10, 1920 in Boise, Ada County, Idaho. The first name was omitted on the birth record and I wish to have this corrected to read "James Leonard Carey instead of Leonard Carey.

Mabel Carey Stratton

Mabel Carey Stratton
273, Hefner
Bremerton, Wash.

Subscribed and sworn to before me this 10th day of July 1959.

Myrtle H. Sockwell

MYRTLE H. SOCKWELL, Notary Public
in and for the State of Washington

Social Security Card, #518-14-2218 gives full name as
James Leonard Carey - viewed by V.S.

Honorable Discharge from the U.S. Navy, Oct. 28, 1947
gives full name as James Leonard Carey - viewed by V.S.

314-206-001-285

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 903 Krull St.

Hospital St Lukes

Registration District No. 8 File No. 84607

Primary Registration District No. 1004 Registered No. 448

FULL NAME OF CHILD

Sex of Child 7

Twin Triplet or other? and Number in order of birth IV (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Nov. 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Campbell	FULL MAIDEN NAME	Alice F. Shelley
RESIDENCE	903 Krull St Boise	RESIDENCE	903 Krull
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Labor	OCCUPATION	Housekeeper

Number of child of this mother, including present birth IV Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Almond M D

(Physician or midwife)

Given names added from a supplemental report.

19

Address Overland Bldg Boise

Registrar.

Filed Nov 15 1920 R H Pratt Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256 - 10 - 001 - 386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 84608

No. ____ St.

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 449

FULL NAME OF CHILD John Caleb Sewell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Nov. (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Caleb Sewell	FULL MAIDEN NAME	Mary Thornton
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Ark.
OCCUPATION	Business Mgr.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was "Caesarian" Nov 10, at 1 P. M. on the date above stated.

(Born alive or ~~Stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Joseph R. Numbers

(Physician or midwife)

Address Boise Ida.

Filed Nov 15 1920

R.V. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 '94

4/10/41 L. B.

413-215-001-967

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84609
Local Reg. No.
Reg. Dist. No. 2

Amended 5/14/75

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 1605 N. 11

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

d. STREET ADDRESS (If rural, give location): 1605 N. 11

3. CHILD'S NAME (Type or print)

a. (First): Frances b. (Middle): Lucille c. (Last): Matthews

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Nov. 15, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Newton b. (Middle): L. c. (Last): Matthews

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
23 YEARS	New York	Carpenter	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Frances b. (Middle): c. (Last): Rogers

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Idaho	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. H. Parker

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: 303 McCarty Blvd.

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Nov. 18, 1920

22. REGISTRAR'S SIGNATURE: R. H. Pratt

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 10:15 AM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only black typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 22 8 10 AM '75

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84609

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frances Mathews (Name on Original Certificate) who was born (Was Born or Died) on Nov. 15, 1920 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Frances Mathews	Frances Lucille Matthews
Father's Name	Newt L Mathews	Newton L. Matthews
Mother's Name	Frances Roges	Frances D. Rogers

Subscribed and sworn to before me this 16th day of
May, 1975

Signed x Frances D. Huebner (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Patricia A. Allen
Notary Public, residing at Riverside, Calif.
My commission expires Jan. 4, 1974
(Seal)

5383 31st St. Rubidoux, Calif.
(Street Address, City, State)

OFFICIAL SEAL
PATRICIA A. ALLEN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Jan. 4, 1974

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of Riverside }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of
May, 1975

Signed Richard M. Ure
(Signature of Any Credible Person)

Patricia A. Allen
Notary Public, residing at Riverside, Calif.
My commission expires Jan. 4, 1974
(Seal)

4000 10th St Riverside, Calif.
(Street Address, City, State)

OFFICIAL SEAL
PATRICIA A. ALLEN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Jan. 4, 1974

FORM DH 60-155 CL 12-16-58 No

Student's Record Book from Boise X High School gives name as Frances L. Matthews for 1935-1936. viewed by V. S.

Marriage License from Idaho gives names as Vernon Harold Estey and Frances Lucille Matthews. dated June 9, 1942. viewed by V. S.

Report card gives name as Frances L. Matthews. born Nov.15, 1920. father's name given as Newton Lee Matthews. mother's name as Francis Delia. 11/15/38. viewed by VS

Commercial Accounty for Frances L. or Vernon H. Estey. dated 12/7/44. mother's name as Delia Rogers and m father's name as Newton L. Matthews. viewed by V. S.

295-206-001-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 1

File No. 84610

No. ——— St.

Hospital St. Luke's

Primary Registration District No. 1004

Registered No. 45

FULL NAME OF CHILD Sadie Belle Siebecker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 – 6 – 1920

FATHER	MOTHER
FULL NAME: K. L. Siebecker	FULL MAIDEN NAME: Sarah B. Harrison
RESIDENCE: 1112 Idaho St., Boise	RESIDENCE: 1112 Idaho St., Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Iowa
OCCUPATION: U. S. Surveyor	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:05 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Nov 15 1920

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

515-106-001-249

Form V. S. No. 11-C-250m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 7 — File No. 84611

No. ——— St.

Hospital St. Luke's — Primary Registration District No. 1004 — Registered No. 45-1

FULL NAME OF CHILD John Ernest Van Deusen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 — 6 — 1920

FATHER	MOTHER
FULL NAME John E. Van Deusen	FULL MAIDEN NAME Lena Belle Smith
RESIDENCE Emmett, Idaho	RESIDENCE Emmett, Idaho
COLOR White — AGE AT LAST BIRTHDAY 49 (Years)	COLOR White — AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Pennsylvania
OCCUPATION Stockman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 45 a. M. on the date above stated.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Filed Nov 15 1920

R. H. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

DEC 2 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 84611

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
.....	John Earnest Van Dusen	John Ernest Van Deusen
.....	John E. Van Dusen	John E. Van Deusen
.....	.....	.....

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed J. W. Taylor, M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

205 No. 10th St. Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 2 7 1941

621-105-001-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2

File No. 84612

Primary Registration District No. 1004

Registered No. 453

FULL NAME OF CHILD Robert Biwer Ball

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	Nov 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James O Ball	FULL MAIDEN NAME	Lavina M Weber
RESIDENCE	Grandview Ida	RESIDENCE	Grandview Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Wisconsin
OCCUPATION	Banker	OCCUPATION	HouseWife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive at 8:10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Biwer MD

(Physician or midwife)

Address 303-304 McCarty Bldg

Filed Nov 18 1920 R. H. Pratt

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

194-214-001-194

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 612½ Main St.

Registration District No. 9

File No. 84613

Primary Registration District No. 1004

Registered No. 45-4

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 14 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Williams Arms	Edna Arms
RESIDENCE	Pocatello Idaho	Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Oklahoma	Canada
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Roscoe C Ward

Physician

(Physician or midwife)

Address Boise Idaho

Filed Nov 18 1920

R N Ball

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-110-001-761

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. 2602 Ada St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 84614

Primary Registration District No. 1004 Registered No. 455

FULL NAME OF CHILD Eugene Claude Frazier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 10 1920

FATHER		MOTHER	
FULL NAME	Arthur Frazier	FULL MAIDEN NAME	Lois Pfaffle
RESIDENCE	2602 Ada - Boise	RESIDENCE	2602 Ada - Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Washington	BIRTHPLACE	Clara
OCCUPATION	Life Insurance	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Oyeman Bldg. Boise

19

Filed Nov 27 1920 R. H. Read

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1942

MAR 1 [illegible]50

347-203-001-251

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7 File No. 84615

No. ..... St.

Hospital St. Alphonsus

Primary Registration District No. 1004 Registered No. 456

FULL NAME OF CHILD Mary Virginia Fage

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. (Month) 3, (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry S. Fage	FULL MAIDEN NAME	Mary Laura Keane
RESIDENCE	408 Jefferson	RESIDENCE	408 Jefferson St.
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 36. (Years)
BIRTHPLACE	Boise, Idaho.	BIRTHPLACE	Hodgeville, Ins.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest E. Lanbergh

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Nov 27. 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1962

MAY 20 1963

243-128-001-665

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7 File No. 84616

No. ____ St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 457

FULL NAME OF CHILD George Jackson Butler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Oct 28 1920

FATHER		MOTHER	
FULL NAME	Walter Butler	FULL MAIDEN NAME	Vera Cowley
RESIDENCE	Boise Idaho R.D. #4	RESIDENCE	Boise R.D. #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Boise	BIRTHPLACE	Ada Co.
OCCUPATION	Stock raising	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 a M. on the date above stated.

(Signature) Ernest E. Laubaugh M.D.

(Physician or midwife)

Address ____

Filed Nov 27. 1920

R.H. Pratt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19__

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1975

249-216-001-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 84617

No. ____ St.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 458

FULL NAME OF CHILD Mary Jane Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Nov. 16 1920

	FATHER	MOTHER
FULL NAME	Harvey Franklin Smith	Mattie Carolina
RESIDENCE	1009 Bannock	1009 Bannock St
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	21 (Years)
BIRTHPLACE	Galesburg, Ill.	Bates County, Mo.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) Mattie C. Smith
Case called
(Physician or midwife)

Address ____

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Nov 27 1920

R. A. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1973

OCT 29 1973

553-219-001-419

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Luke

Registration District No. 7 File No. 84618

Primary Registration District No. 1004 Registered No. 459

FULL NAME OF CHILD Fern Gertrude Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Nov (Month) 14 (Day) 1920 (Year)
F			

FATHER		MOTHER	
FULL NAME	G. Nelson	FULL MAIDEN NAME	
RESIDENCE	1902 N. 11	RESIDENCE	Mabel L. March
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idu
OCCUPATION	Cabinet maker	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Borck M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Nov 27 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1945

OCT 15 19[illegible]

219-223-001-862

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 7 — File No. 84619

No. 1715 Idaho St.

Primary Registration District No. 1004 — Registered No. 460

Hospital

FULL NAME OF CHILD Esther Emma Barton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				L.	Nov 23 1920

FATHER		MOTHER	
FULL NAME	Chas. L. Barton	FULL MAIDEN NAME	Sybil A Hordy
RESIDENCE	1715 Ida	RESIDENCE	1715 Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Wisc.
OCCUPATION	R.R. man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 12.45 P.M. on the date above stated.

(Signature) Dr. John Bocock Jr.

(Physician or midwife)

Address

Filed Nov 27 1920 — R. H. Pratt, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731 - 223-001 - 651

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 9 File No. 84620

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Kathleen Plant

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward L. Plant	FULL MAIDEN NAME	LaVern Oviate
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Spokan Wash	BIRTHPLACE	Utah
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 — A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo M. K. Hall MD

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 212 McCarty Bldg. Boise Idaho

Filed Dec 7 1920

Frederic K. Lewers M.D. Registrar.

Frederic K. Lewers Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-102-001-238

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Ranch 5 m. N.W. of Eagle

No. ..... St.

Registration District No. 9 File No. 84621

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth Mathew Buzzard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 2 1920

FATHER		MOTHER	
FULL NAME	Francis Edel Buzzard	FULL MAIDEN NAME	Marie Anna Schiffer
RESIDENCE	Ranch - 5 mi. N.W. of Eagle	RESIDENCE	Ranch - 5 mi. N.W. of Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frederic K. Lewers

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Eagle

Filed Nov. 3 1920 Frederic K. Lewers M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1948

593-112-001-259

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Star — Registration District No. 4 — File No. 84622

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Oliver, Francis, Niccolls.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 12 1920

FATHER		MOTHER	
FULL NAME	James, Francis, Niccolls.	FULL MAIDEN NAME	Leora, Rosa, Berlingiauf
RESIDENCE	Star, Idaho.	RESIDENCE	Star, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Boulder, Colorado.	BIRTHPLACE	White Bird, Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11, P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary C. Addington.
Midwife.
(Physician or midwife)

Address Star, Idaho.

Given names added from a supplemental report.

19 ____

Registrar

Filed Nov. 20 1920 Frederick L. Lewis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1962

213-105-001-451

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 84623

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD RONALD CLARK BALDWIN

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 5 1924 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clark Mitchell Baldwin	FULL MAIDEN NAME	Lydia Dick
RESIDENCE	Star	RESIDENCE	Star Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Hall M

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Star Idaho

Filed Nov. 20 1924 Frederick K Lawson Registrar

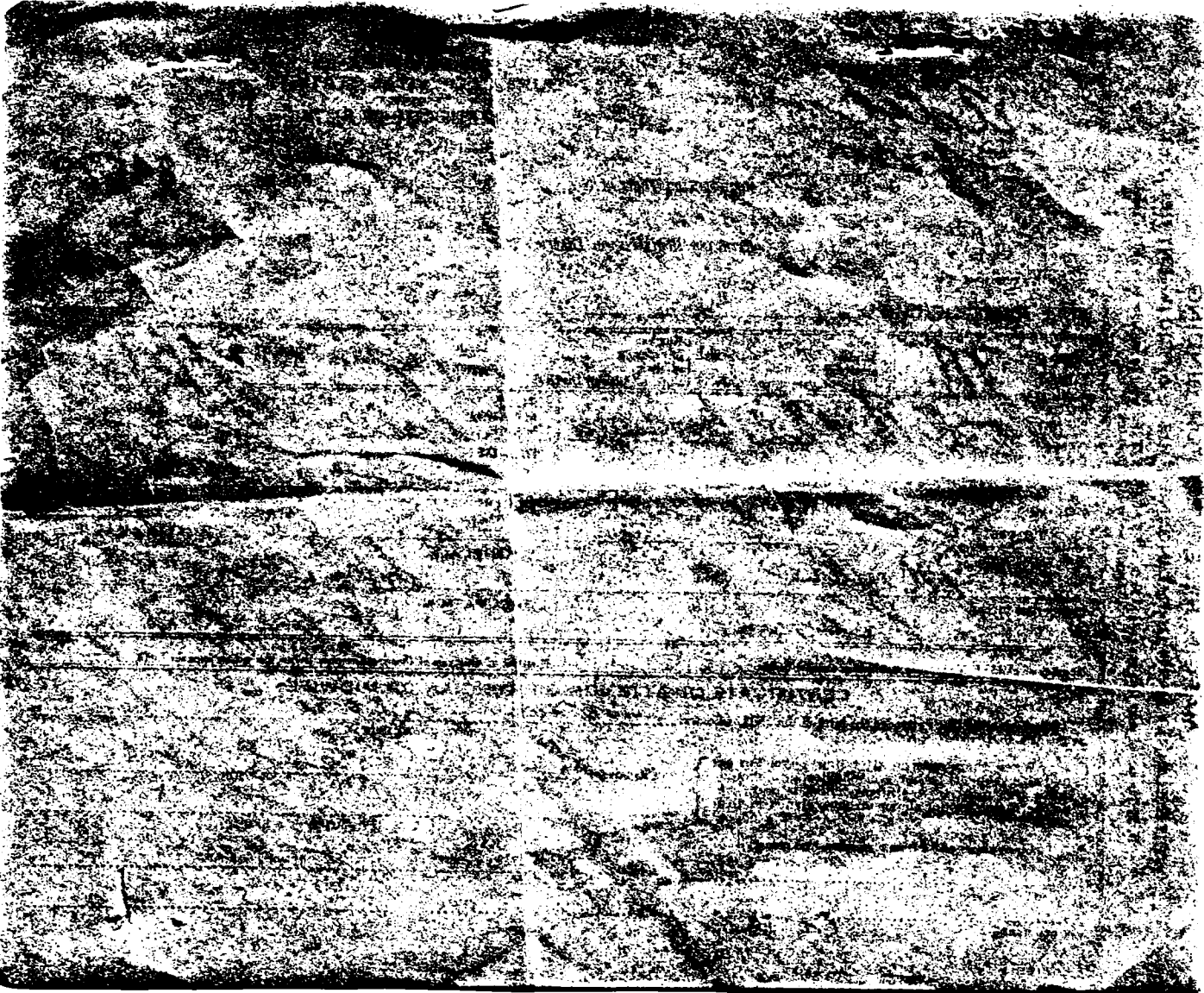
Registrar

5-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 84623

County of Yakima } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Ronald Clark Baldwin (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 5, 1920 (DATE OF EVENT) in Star, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts as shown by birth certificate (BIRTH RECORD, INSURANCE POLICY, ETC.) prepared on Sept. 5, 1920/ (GIVE DATE), are: except that the nane of child was not given and which should be Ronald Clark Baldwin.

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Baldwin	Ronald Clark Baldwin

Subscribed and sworn to before me this 12th day of May, 19 42.

Signed Lydia Foster Baldwin

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ivan M. Bishop

Notary Public, residing at Sunnyside, Wn.

My commission expires July 21, 1943

(SEAL)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires

(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 14 1942 By

(REGISTRAR'S SIGNATURE)

MAY 13 1942

365-128-001-243

Form V. S. No. 11—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 84624

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Eldean Conner

Sex of Child M. | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Oct 28 1920 (Month) (Day) (Year)

FATHER

FULL NAME George W Conner.

RESIDENCE Boise Ida

COLOR W AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Missouri

OCCUPATION Blksmith

MOTHER

FULL MAIDEN NAME Jennie M Butler

RESIDENCE Boise Ida

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Hall MD

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

Filed Nov 20 1920 Frederick K Green Registrar

..... Registrar

S-Y CO. 24656

268-206-001-658

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.R.3 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. File No. 84625

Primary Registration District No. 11 Registered No. 59

Full Name of Child Mary Jane Bohanon

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
female			yes	11 6 20

FATHER

FULL NAME W.E. Bohanon

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Missouri

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Lottie May Weyer

RESIDENCE Meridian

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iowa

OCCUPATION housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.F. Neal

Physician

(Physician or midwife)

Address Meridian Idaho

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Dec. 6 1921 W.F. Neal Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 7 1942

918-106-001-000

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. ..... File No. 84626

No. ..... St.

Primary Registration District No. 11 Registered No. 58

Hospital .....

FULL NAME OF CHILD Raymon Raymor

Sex of Child male | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John H. Raymor	FULL MAIDEN NAME	Tempis
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or midwife)

Address Meridian Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 19 20

H. F. Neal

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1944

437-225-001-542

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. _____ File No. 84627

No. _____ St.

Primary Registration District No. 11 Registered No. 57

Hospital _____

FULL NAME OF CHILD Marie Louise McGrath

Sex of Child female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 6 (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Roy A. McGrath	FULL MAIDEN NAME	Norretta Emsay
RESIDENCE	Eagle Ida	RESIDENCE	Eagle Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

(Signature) H. H. Neal

Physician (Physician or midwife)

Address Meridian Idaho

Filed June 1920 H. H. Neal Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Nov. 9 1920

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1963

695-215-002-369
71

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Fruitvale

Registration District No. _____ File No. 84628

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ernestine Frim

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	July (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James A R Frim	FULL MAIDEN NAME	Martha J. Corn
RESIDENCE	council Idaho	RESIDENCE	council Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	N C
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address council Idaho

Filed Aug 5 1920 W M Brown
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CLASSIFIED FOR BINDING
PRINTED IN U.S.A.

CERTIFICATE OF ATTENDING PRACTICE ON WORKS

DESCRIPTION	DESCRIPTION
[illegible]	[illegible]
COPIES	COPIES
REFERENCE	REFERENCE
NAME	NAME
[illegible]	[illegible]
[illegible]	[illegible]

419-219-002-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 84629

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lena Kathryn Kathern Marsh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	July 19 1920

FATHER		MOTHER	
FULL NAME	B H Marsh	FULL MAIDEN NAME	Ruth Windus
RESIDENCE	Council Idaho	RESIDENCE	Council Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) E Vadney

(Physician or midwife)

Address Council Idaho

Filed Aug 5 1920 W M Brown Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-220-002-693

PLACE OF BIRTH

Amended 7/18/79

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council Registration District No. File No. 84631

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Vadette Curts

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	July 20 1920

FATHER	MOTHER
FULL NAME C. E. Curts	FULL MAIDEN NAME Bonnie Isaworth
RESIDENCE Council	RESIDENCE Council
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Canada	BIRTHPLACE Ida
OCCUPATION Farmer	OCCUPATION None

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) W M Brown

(Physician or midwife)

Address

Filed Aug 5 1920

W M Brown
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 26 11 26 AM '79

State of ORE. } ss.
County of LANE }

Certificate No. 84631
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Curts (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 20, 1920 (Date of Event)

in Council, Idaho (Adams) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Curts	Wanda Vadette Curts
sex of child	male	female

Subscribed and sworn to before me this 15 TH day of June, 1979.

Notary Public, Oregon Kenneth Eppler

Residing at Eugene Oregon

My commission expires My Commission Expires Nov. 17, 1979

(Seal)

X Bonnie Curts
Signature of Applicant

560 W. 22nd Eugene, ORe. 97405
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Or } ss.
County of _____ }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

CL 5/30/79 RUSH

Certifof birth from Montana gives name as Robert Ernest Deisner born Jan 23, 1944 in Missoula, Montana. mother's name as Vadette Curts and father's name as Howard E. Deisner. viewed by V. S.

JUL 18 1979

Birth certi of son from Oregon gives nameas David Charles Deisner born Nov 10, 1959. father's name as Howard Ernest Deisner and Wanda Vadette Curts as the mother. viewed by V. S.

491-125-002-595

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Tamarack Ida

Registration District No. _____ File No. 84632

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ellis Louis Draper.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	yes	Sept 25 1920

FATHER

FULL NAME J. U. Draper

RESIDENCE Tamarack Ida

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Payette Idaho

OCCUPATION Engineer

MOTHER

FULL MAIDEN NAME Olivia Nielsen

RESIDENCE Tamarack Idaho

COLOR white AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:45 P. M. on the date above stated.

(Signature) H. N. Gregg M D

(Physician or midwife)

Address Nine Meadows Idaho

Filed Sept 30 1920

W M Brown
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. _____ 19____

_____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 23 1942 Certificate No. 84632

County of Boise } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of X (BIRTH OR DEATH)

for Ellis Louis Draper (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. [illegible] (DATE OF EVENT)

in Tamarack (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Personal Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept. [illegible] (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Ellis Louis Draper

Subscribed and sworn to before me this [illegible] day of January, 19 [illegible]

J. T. Mitchell

[redacted], residing at Justice of the [redacted] Peace Horseshoe Bend Idaho.

(SEAL)

Signed Olivia Draper Baker

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Horseshoe Bend, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on JAN 3 1942 By

(REGISTRAR'S SIGNATURE)

JAN 23 1942

OCT 17 1966

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

199-127-002-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Meadows

Registration District No. ____ File No. 84633

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Sidney Robert Pritchett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male		3	Yes	9	27	1920

FATHER		MOTHER	
FULL NAME	S.E. Pritchett	FULL MAIDEN NAME	Fae Coffield
RESIDENCE	Irwins Saw Mill	RESIDENCE	Irwins Saw Mill in Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salt Lake Utah.	BIRTHPLACE	Kansas
OCCUPATION	Wheel wright	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at at 3 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. N. Gregg M.D.

(Physician or midwife)

Address New Meadows • Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Sept 30 1920

H W Brown

Registrar

DEC 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce. }

Certificate No. 84633
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Sidney Robert Pritchett (Birth or death)
for no record on record on original Certf (Name on original certificate) who was born (Was born or died) on September 27- 1920 (Date of event)
in New Meadows, Adams Co Ida (Place of event) are erroneous or were omitted; and that, to the best of her knowledge, the
true facts as shown by Fae Elbina Pritchett, Mother (Bible record, insurance policy, etc.) prepared on December 22-1941. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Pritchett	Sidney Robert Pritchett
Sidney Robert Pritchett		

Subscribed and sworn to before me this 22d
day of December, 1941.
Leo Hannon
Notary Public, residing at Tacoma Washington
My commission expires July 24, 1944.
[SEAL]

Signed Fae Elbina Pritchett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

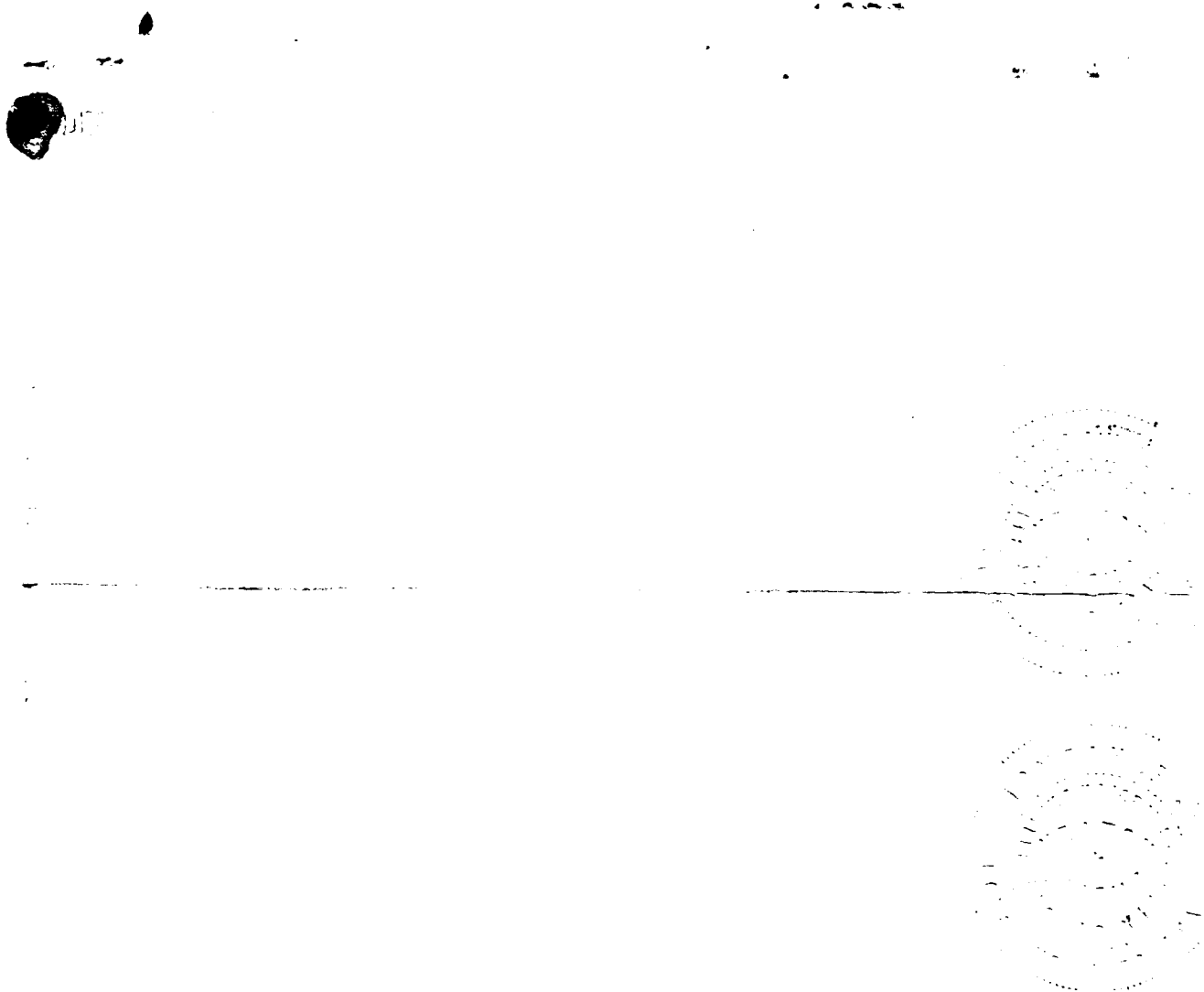
The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 22d
day of December, 1941
Leo Hannon
Notary Public, residing at Tacoma Washington.
My commission expires July 24-1944
[SEAL]

Signed Mrs. Lena Beck
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on DEC 26 1941 By
(Registrar's signature)



296-107-003-685

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Oneida~~ Bannock

City of Pocatello

Registration District No. 28 File No. 84636

No. ..... St.

Primary Registration District No. 2161 Registered No. 3444

Hospital .....

FULL NAME OF CHILD Kenneth Levi Broadhead

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	9 (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Elijah Broadhead	FULL MAIDEN NAME	Edna Clair Wheeler
RESIDENCE	Pocatello Ido	RESIDENCE	Pocatello Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mechinic helper RR	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Registrar

Filed 12/2 1920 J. E. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 07 2015

391-118-003-295

Form V. S. No. 11-C—25m[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84637

County of Bannock

City of Pocatello

Registration District No. 28 File No. 63

No. ~~44~~ St.

Primary Registration District No. 216 Registered No. 3445

Hospital General

FULL NAME OF CHILD Robert ~~[illegible]~~ Jerome Travers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 18th 1920

FATHER		MOTHER	
FULL NAME	William Robert Travers	FULL MAIDEN NAME	Clara Emily Sive
RESIDENCE	447 No Harrison	RESIDENCE	447 No Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Pocatello Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 12/1 1920

J R Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 - 202 - 003 - 319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84638

County of Bannock

City of Pocatello Registration District No. 28 File No. 65

No. 257 So. 2nd Ave.

Primary Registration District No. 2161 Registered No. 3446

Hospital Home

FULL NAME OF CHILD Gloria Carmona

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct. 9 1920

FATHER	MOTHER
FULL NAME Pedro Carmona	FULL MAIDEN NAME Apalonia Camacho
RESIDENCE 257 So. 2nd Ave.	RESIDENCE 257 So 2nd Ave.
COLOR Brown	COLOR Brown
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Mexico	BIRTHPLACE Mexico
OCCUPATION Labor Agent	OCCUPATION Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 36 A.M. on the date above stated.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 12/1 1920 J. P. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1950

NOV 4 1963

862-110-003-413

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. North of City St.

Hospital Home

Registration District No. 28 File No. 84639

Primary Registration District No. 2161 Registered No. 3447

FULL NAME OF ~~CHILD~~ Fred. Seichi, Yoshimoto

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Oct (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Souji, Yoshimoto	FULL MAIDEN NAME	Yakue, Matsumoto.
RESIDENCE	Tyhee Ida	RESIDENCE	Tyhee Ida
COLOR	Yellow AGE AT LAST BIRTHDAY 31 (Years)	COLOR	Yellow AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Japan.	BIRTHPLACE	Japan
OCCUPATION	Famer.	OCCUPATION	Famer.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean Newton

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 12/1 1920

J. L. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First certified copy issued 4/22/35

Second certified copy issued 9/17/37

OCT 28 1966

MAY 25 1954

767 - 116 - 003 - 992

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84640

Bannock

City of Pocatello — Registration District No. 28 — File No. 65

No. 718 N. 7th Ave. St.

Primary Registration District No. 2161 — Registered No. 3448

Hospital Home

FULL NAME OF CHILD William Pope

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	Oct. 16 1920

FATHER

FULL NAME: Floyd Pope

RESIDENCE: 718 N. 7th Ave.

COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Oakley, Idaho

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Myrtle Richardson

RESIDENCE: 718 N. 7th Ave.

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Greeley, Idaho

OCCUPATION: Housekeeping

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P.M. on the date above stated.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 12/1 19 20

J. P. Jones
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

2[illegible]9-117-003-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84641

County of Bannock

City of McCammon

Registration District No. 28 File No. 63

No. ..... St.

Primary Registration District No. 2161 Registered No. 3449

Hospital .....

FULL NAME OF CHILD George William Bennett Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Oct (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo. William Bennett	FULL MAIDEN NAME	Blanche Niles
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Signal Maintainer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDell MD

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address McCammon

Registrar

Filed 12/1 1920

J. M. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1967

APR 8 1943

213-122-003-713

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84642

County of Pannock

City of Pocatello

No. 206 North 12th St.

Registration District No. 28

File No. 65

Primary Registration District No. 2161

Registered No. 3457

Hospital

FULL NAME OF CHILD Robert Eugene Baldwin

Sex of Child	Twin Triplet -- or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	--		--	Yes	Oct. 22, 1920

FATHER

FULL NAME: Charles A. Baldwin

RESIDENCE: 206 North 12th

COLOR: White

AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Bertha E. Palmer

RESIDENCE: same

COLOR: white

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Blue Mound Kansas

OCCUPATION: House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 7:45 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 12/ 19 20

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-124-003-795

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84643

County of Bannock

City of Pocatello

No. 528 North Arther St.

Hospital

Registration District No. 28 File No. 65

Primary Registration District No. 2161 Registered No. 3457

FULL NAME OF CHILD --- Williams — premature 7 mos gestation

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct. (Month) 24 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John W. Williams	FULL MAIDEN NAME: Risa Green
RESIDENCE: 528 North Arther	RESIDENCE: Same
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Willow Creek, Idaho.	BIRTHPLACE: Grantsville Utah
OCCUPATION: Car Inspector	OCCUPATION: House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello Idaho

Filed 12/1 1920

J. P. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251 - 226 - 003 - 363

PLACE OF BIRTH

Form 7, S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

84644

County of Bannock

City of Robin, Registration District No. 28 File No. 65

No. ..... St.

Primary Registration District No. 2161 Registered No. 3452

Hospital .....

FULL NAME OF CHILD Edna Fay Bear

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				Yes	Oct 26 1920

	FATHER	MOTHER
FULL NAME	John W. Bear	FULL MAIDEN NAME Ellen K. Tollen
RESIDENCE	Mc Cammon, Ida	RESIDENCE Robin, Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	37	38
BIRTHPLACE	Virginia	Virginia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:10 P. M. on the date above stated.

(Signature) Wilson J. McDell MD

(Physician or midwife)

Address McCammon

Filed 12/1 1920 J. P. Young, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF CALIFORNIA)
) SS
COUNTY OF LOS ANGELES)

ELLA HEATHE BEAR, being duly sworn, deposes and says:

That she is a citizen of the United States, above the age of twenty-one years, and a resident of San Pedro, County of Los Angeles, State of California.

Said affiant further deposes and says:-

That she is the mother of EDNA FAY BEAR, and that she was born on the 26th day of October, 1920, and that the father's name is John William Bear, and the mother's maiden name is Ella Heathe Toler. And that her birth was erroneously recorded as Velva.Bear.

This affidavit is made for the purpose of correcting the name on the records.

Ella Heathe Bear

Subscribed and sworn to
before me this 30th day
of October, 1941.

Beatrice E. Hash
Notary Public in and for the
County of Los Angeles, State
of California.

My commission expires April 11, 1944.

NOV 3 1941
RECEIVED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

[redacted] No. 11-O-[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28

File No. 84646

No. ....., ... St.

Primary Registration District No. 2161

Registered No. 3454

Hospital No

FULL NAME OF CHILD Ida Leone Reynolds

Sex of Child Girl	Twin, Triplet, or other? One and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Oct 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer R. Reynolds	FULL MAIDEN NAME	Sallie Richmond
RESIDENCE	963 N. Wayne Ave	RESIDENCE	963 N. Wayne Ave.
COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 23. (Years)
BIRTHPLACE	Tenoir, Tenn.	BIRTHPLACE	Cleveland. Tenn.
OCCUPATION	Laborer.	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Baugh.

Physician (Physician or Midwife)

Given names added from a supplemental report

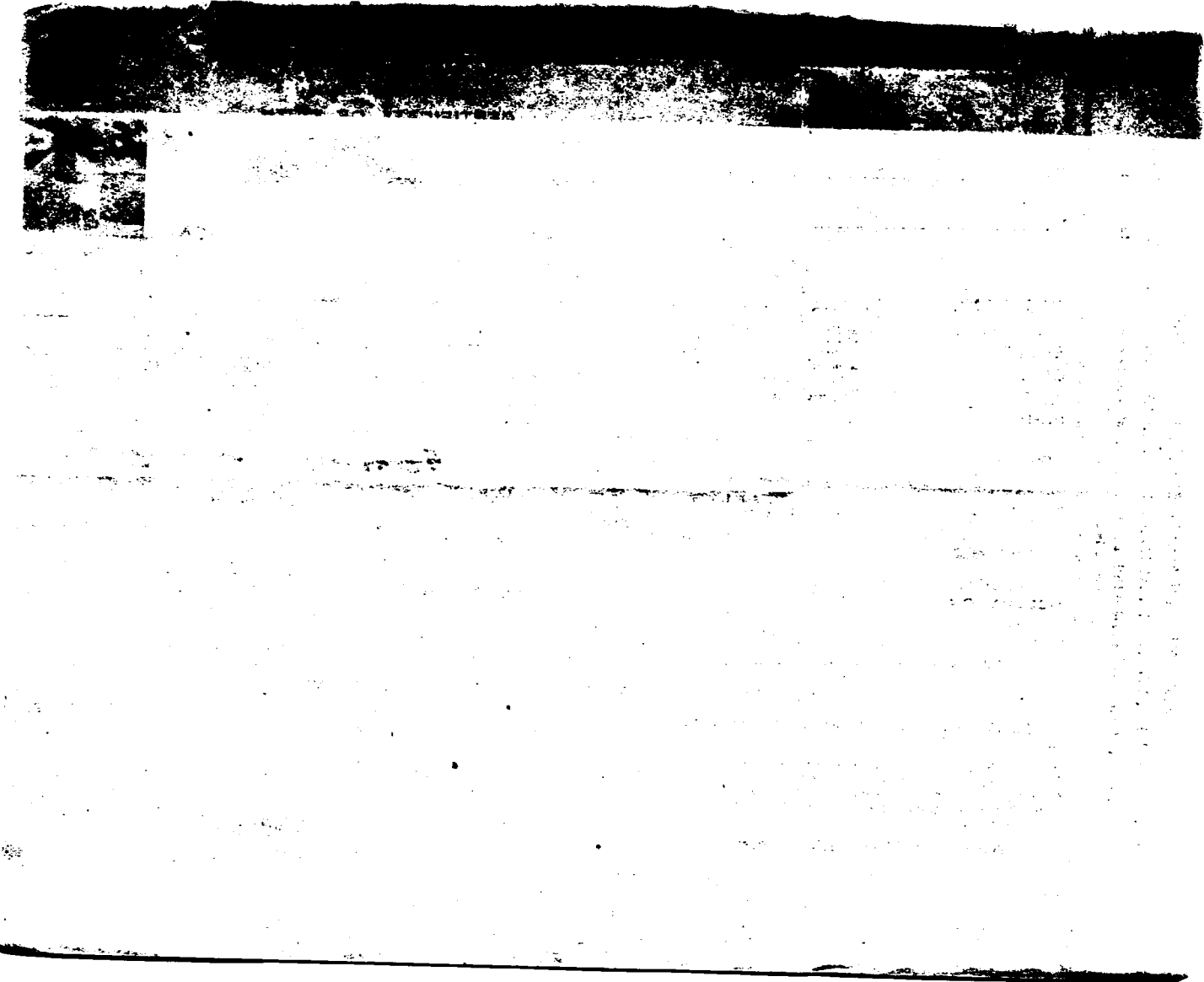
Address 606 North Garfield

....., 19.....

Filed 12/1 1920 J. R. Young Registrar

Registrar

S-Y CO., 16670



819-329-003-318

Form V. S. No. 10-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84647

County of Bannock
City of Pocatello
No. 905 So. Harrison St.
Hospital Home

Registration District No. 28 File No. 64
Primary Registration District No. 2161 Registered No. 3455

FULL NAME OF CHILD Normal Elaine Hardy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Oct 29 1927

FATHER		MOTHER	
FULL NAME	John Thomas Hardy	FULL MAIDEN NAME	Eva Imary Taylor
RESIDENCE	905 So. Harrison	RESIDENCE	905 So. Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:50 P. M. on the date above stated.

(Signature) Mrs. Anna W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave

Filed 12/1 1927

J. R. Young
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 5 1973

NOV 2 1943

265-130-003-345

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84648

Registration District No. 28 File No. 84

Primary Registration District No. 2161 Registered No. 3456

Full Name of Child William Raymond Bonham

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: 10 (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles Bonham	FULL MAIDEN NAME	Marie Cunningham
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Madison Wisc
OCCUPATION	Farmer	OCCUPATION	Hsw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Lum H. Waverly M.D.

Pocatello
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed Oct 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 2001

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-130-003-385

PLACE OF BIRTH

Form V. S. No. 1-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84649

County of Pocatello

City of Bannock

Registration District No. 28 File No. 64

No. ..... St. 7th Ave.

Primary Registration District No. 2161 Registered No. 3457

Hospital St. Anthony's

FULL NAME OF CHILD Richard Joseph Penfield

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			Yes	Oct. 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. P. Penfield	FULL MAIDEN NAME	Wilhelmina Lynaugh
RESIDENCE	666 West Lewis St.	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	[illegible] (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	San Francisco Cal.	BIRTHPLACE	Indian River Mich.
OCCUPATION	Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.15 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean Newton

(Physician or midwife)

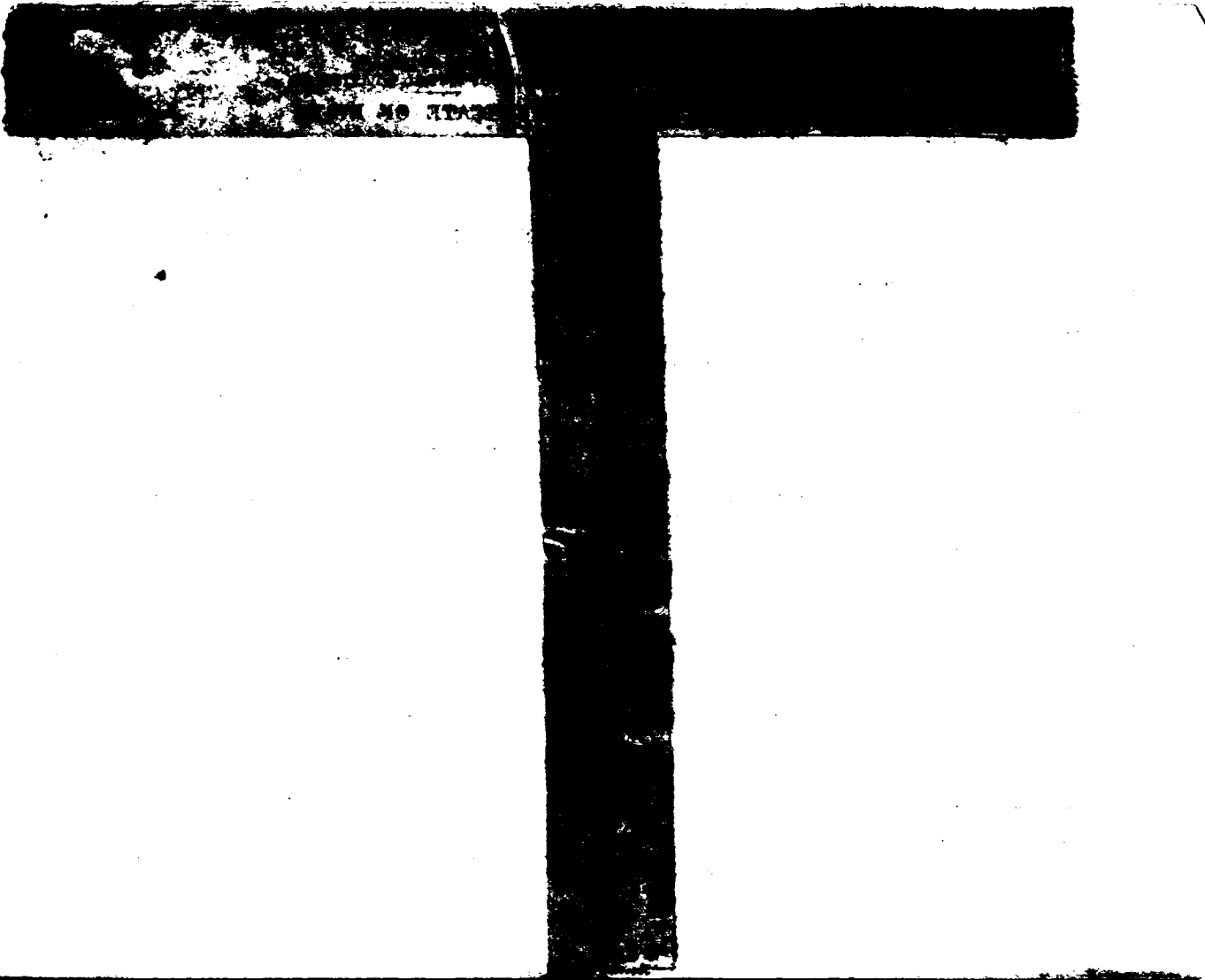
Given names added from a supplemental report.

..... 19 Address Pocatello

Registrar

Date 12/1 1920

J. R. Young
Registrar



645-730-503-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28

File No. 84650

No. 502 N 3rd St.

Primary Registration District No. 2161

Registered No. 3458

Hospital

FULL NAME OF CHILD Marian Funk

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	Oct 30 1920

FATHER		MOTHER	
FULL NAME	J. M. Funk	FULL MAIDEN NAME	Edna Peterson
RESIDENCE	502 N. 3rd	RESIDENCE	502 N. 3rd.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pennsylvania	BIRTHPLACE	utah
OCCUPATION	machinist	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello Ida.

19

Filed 12/2 1920

Registrar

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

392-101-003-964

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 456 S. 2nd AVe St.

Hospital

Registration District No. 28 File No. 84651

Primary Registration District No. 2161 Registered No. 3459

FULL NAME OF CHILD -----

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	--		---	Yes	Nov. (Month) 1 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Archie A. Lish	FULL MAIDEN NAME: Ida Romriell
RESIDENCE: McCammon, Idaho.	RESIDENCE: Same
COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Raft River, Idaho.	BIRTHPLACE: McCammon, Idaho.
OCCUPATION: Rancher	OCCUPATION: House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Hauriel M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello, Idaho.

Filed 12/1 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-104-003-454

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84652

County of Bannock

City of Pocatello Ida

No. 635 So 3rd St.

Hospital

Registration District No. 28

File No. 66

Primary Registration District No. 2161

Registered No. 3460

FULL NAME OF CHILD Mark Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lin Cargan Carter	FULL MAIDEN NAME	Edith Amelia Dumont
RESIDENCE	635 So 3rd	RESIDENCE	635 So. 3rd.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ohio
OCCUPATION	painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.20 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Young

phy (Physician or midwife)

Given names added from a supplemental report.

Address 440 W. Fayden St

19

Filed 12/1 1920

Registrar

J. R. Young
Registrar

DEC 2 1941

236-104-003-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84653

County of Bannock

City of Pocatello

Registration District No. 28 File No. 66

No. ..... St.

Primary Registration District No. 2161 Registered No. 3461

Hospital Lynn

FULL NAME OF CHILD Jay Wilson Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	Nov 4 1920

FATHER		MOTHER	
FULL NAME	Willard Ray Stoddard	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Georgetown Ida	RESIDENCE	Georgetown Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lynn

Phy. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 845 W. Whitman

Filed 12/1 20 J. Young Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 1 1965

753-205-003-617

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 245 N. 13 St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

84654

Registration District No. 28 File No. 44

Primary Registration District No. 216/1 Registered No. 3462

FULL NAME OF CHILD Esther Petersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl		1	yes	Nov. 5 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chris Petersen	FULL MAIDEN NAME	Johanna Wagnitz
RESIDENCE	245 No. 13th	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Norway
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyman

(Physician or midwife)

Address 440 W. Hayden

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/11 1920

J. H. Lyman Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1942

AUG 25 1950

437-126-003-643

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 109 N. Grant St.

Hospital St. Anthony

Registration District No. 28 File No. 84655

Primary Registration District No. 2161 Registered No. 3463

FULL NAME OF CHILD Daniel Fulton McGrath

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	One	Yes	Aug 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank J. McGrath	FULL MAIDEN NAME	Florence Fulton
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Quincy, Ill.	BIRTHPLACE	Butte, Mont.
OCCUPATION	Advertising	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Pocatello, Idaho

Filed 12/1 1920

[illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1963

419-105-003-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84656

County of Bannock

City of Pocatello Registration District No. 28 File No. 66

No. 720 N. Lincoln St.

Primary Registration District No. 361 Registered No. 3464

Hospital

FULL NAME OF CHILD Marvin Marlen Martindale

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 5 1920

FATHER		MOTHER	
FULL NAME	Marion Chesten Martindale	FULL MAIDEN NAME	Sarah Leone Marler
RESIDENCE	720 N Lincoln Pocatello Idaho	RESIDENCE	720 N Lincoln Pocatello Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Basin Idaho.	BIRTHPLACE	Pocatello Idaho.
OCCUPATION	Machinists Apprentice	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 20 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W.W. Brothers

Physician

(Physician or midwife)

Address Pocatello, Idaho.

Filed 12/1 1920 J.H. Young

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3/21/73

419-204-[illegible]3-513

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84657
Local Reg. No.
Reg. Dist. No. 28

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 647 N. 6 Ave.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 647 N. 6 Ave.

3. CHILD'S NAME *(Type or print)*
a. (First): Margaret
b. (Middle): Mary
c. (Last): Marchetti

4. SEX: F
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Nov. (Day) 6, (Year) 1920

FATHER OF CHILD

7. FULL NAME
a. (First): C.
b. (Middle):
c. (Last): Marchetti

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Italy
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Katie
b. (Middle):
c. (Last): Eabres

13. AGE (At time of this birth): 33 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Italy
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Young
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Pocatello,
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12/1/20
22. REGISTRAR'S SIGNATURE: J. R. Young
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 4AM
RACE OR COLOR OF FATHER: Wh
RACE OR COLOR OF MOTHER: Wh
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 84657

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Edith Marchetti (Name on Original Certificate) who was born (Was Born or Died) on Nov. 6, 1920 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Edith Marchetti	Margaret Marchetti

Subscribed and sworn to before me this 2nd day of March, 1973.

Wanda Morris

Notary Public, residing at Pocatello

My commission expires 1975

(Seal)

Signed [signature]

(Signature of person attended, correcting a birth record; or attending a [illegible] rector, informant if correcting a death record; or other credible person.)

429 N 8th Pocatello Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of March, 1973.

Notary Public, residing at Pocatello

My commission expires 1975

(Seal)

Signed Frances Dalbeer

(Signature of Any Credible Person)

[illegible] Pocatello Idaho

(Street Address, City, State)

FORM DH 60-155

CL 2/27/73 ret'd $1 ck.

own child's brtih certif. on file x in Idaho [illegible] File No. 390553. gives mother's name as Margaret Mary Marchetti. Viewd by V. S.

Baptismale record dated May 8, 1921 gives name as Margarite A. Marchetti. born Nov. 6, 1920. Viewed by V. S.

Certificate of Confirmation from St. Anthony's church gives name as Margaret Mary Marchetti, daughter of Fred Clark Marchetti and Catherine Marchetti. Confirmed April 2, 1933. Viewed by V . S.

386-202-003-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 443 So Main St.

Registration District No. 28

File No. 84658

Primary Registration District No. 2161

Registered No. 3466

Hospital

FULL NAME OF CHILD June Thurston Thomas

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		no	nov 7th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Thomas	FULL MAIDEN NAME	Lillian C. Reeves
RESIDENCE	Pocatello	RESIDENCE	443 So Main.
COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE	Pocatello Ida.
OCCUPATION	driving delivery wagon	OCCUPATION	house work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.20 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello

19

Filed 12/1 1921 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-207-003-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-3-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

Registration District No. 28 File No. 84659

No. 317 So 12 St.

Primary Registration District No. 2161 Registered No. 3467

Hospital

FULL NAME OF CHILD Nat Betty Lou Foster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Arthur Foster	FULL MAIDEN NAME	Anna Morgan
RESIDENCE	317 So 12 Th	RESIDENCE	317 So 12 Th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Virginia
OCCUPATION	police officer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyman

phy

(Physician or midwife)

Given names added from a supplemental report.

Address 440 West Hayden

19

Filed 12/1 1920 J. R. Young

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

108-003-468

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84660

Registration District No. 28 File No. 66

Primary Registration District No. 2161 Registered No. 3468

FULL NAME OF CHILD Joseph George Primbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male				yes	11	8	1920

	FATHER	MOTHER
FULL NAME	Joseph W. Primbs	FULL MAIDEN NAME Valerie Mohr
RESIDENCE	Pocatello Idaho	RESIDENCE same
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE New York
OCCUPATION	Printer	OCCUPATION housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/1 1920

J R Young
Registrar

JUL 17 1974

AUG 14 1944

814 - 110 - 003 - 813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Mc Cammon Registration District No. 28 File No. 84661

No. ..... St.

Primary Registration District No. 2161 Registered No. 3469

Hospital .....

FULL NAME OF CHILD George Yamamot.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				Yes	Nov 10 1920

FATHER		MOTHER	
FULL NAME	T. Yamamot	FULL MAIDEN NAME	Hatsu
RESIDENCE	Mc Cammon, Ida	RESIDENCE	Mc Cammon, Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Wilson J. McDell

(Physician or midwife)

Address Mc Cammon

Filed 12/1 1920

J. W. Spence Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920- 191765

958-210-003-652

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of ~~Pocatello~~ Bannock.

CERTIFICATE OF BIRTH

City of Pocatello

Registration District No. 28

File No. 84662 44

No. 650 So Grant St.

Primary Registration District No. 2161

Registered No. 3470

Hospital

FULL NAME OF CHILD Loretia Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Nov 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray J. Reynolds	FULL MAIDEN NAME	Josephine Effie Webb
RESIDENCE	Pocatello Idaho	RESIDENCE	~~White~~ Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Rockland Ida
OCCUPATION	Express Employ	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 12/1 1920

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3

128-111-003-238

PLACE OF BIRTH amended 12/19/79

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1805 Wilson St.

Hospital

Registration District No. 28 File No. 84663

Primary Registration District No. 2161 Registered No. 3471

FULL NAME OF CHILD William Henry Ashcroft

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
MALE		Yes	11 11 1920

FATHER		MOTHER	
FULL NAME	William H. Ashcroft	FULL MAIDEN NAME	Lillian Scheu
RESIDENCE	Pocatello, Ida 1805 Wilson	RESIDENCE	Pocatello, Ida 1805 Wilson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Paris, Idaho	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Pipe fitter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asa Newton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 12/1 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-18-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of Bannock } ss.

NOV 9 9 38 AM '79

Certificate No. 84663
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Ashcroft (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 11, 1920 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	William Henry Ashcroft
sex of child	female	male

Subscribed and sworn to before me this 24 day of September, 1979.

Notary Public, W. M. Langley
Residing at Blackfoot, Idaho
My commission expires 1-8-81
(Seal)

x William Ashcroft
Signature of Applicant

267 Wilson Avenue - Pocatello, Idaho 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Honorable Discharge from the US Army give nameas William H. Ashcroft born Nov 11, 1920 at Pocatello,Idaho. date of separtion Nov 17, 1945. viewed by V. S.

DEC 20 1979

Family group record for ~~XXXXX~~ William Henry Ashcroft Ii and Lillie Schew shows second child as male and names William Henry Ashcroft born Nov 11, 1920 at Pocatello,Idaho. viewed by V.S

113-112-003-365

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH name added 9/17/82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84664

No. 653 N. Harrison St.

Primary Registration District No. 2161 Registered No. 3472

Hospital

FULL NAME OF CHILD Harold Dean Jackson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	Nov 12 1920

FATHER	MOTHER
FULL NAME George Harold Jackson	FULL MAIDEN NAME Amelia Blanche Youngkurst
RESIDENCE 653 N. Harrison Pocatello Idaho	RESIDENCE 653 N. Harrison, Pocatello, Idaho
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 19 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Lehi, Utah	BIRTHPLACE Randolph, Utah
OCCUPATION Machinist Helper	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

(Signature) W. W. Brockley

Physician (Physician or midwife)

Address Pocatello Idaho.

Filed 12/1 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 84664
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jackson (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 12, 1920 (Date of Event)

in Pocatello, Idaho Bannock co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Harold Dean Jackson

Subscribed and sworn to before me this 17 day of September, 1982

Notary Public, Teresa L. Beverly
Residing at Boise, Idaho
My commission expires April 3, 1985
(Seal)

X Dean Jackson
Signature of Applicant

X Rt 724 Salmon Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Son's own birth certificate on file in Idaho #56-13220 born Oct.17, 1956 gives father's name as Harold Dean Jackson. viewed by V. S.

SEP 17 1982

Pedigree Chart dated Feb. 16, 1956 gives name as Harold Dean Jackson born Nov 12, 1920 in Pocatello, Idaho. viewedby V. S.

753-114-003-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended mother's & father's names 11-17-94 ms

County of Bannock

City or Pocatello Registration District No. 28 File No. 84665

No. ..... St. Verne Primary Registration District No. 2161 Registered No. 3473

Hospital Pocatello Gen. Hosp.

FULL NAME OF CHILD Ralph Leroy Felton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.				yes	11	14	1920

FATHER

FULL NAME Irl Jacob Arthur Felton

RESIDENCE Malad, Idaho

COLOR W. AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Linotype setter

MOTHER

FULL MAIDEN NAME Katherine Felton Katherine Harrison

RESIDENCE same

COLOR W. AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Malad City, Idaho

OCCUPATION Housewife

Number of child of this father, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKay

(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

19.....

Registrar

Filed 12/1 20 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1996

OCT 22 1946

1-16-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 27 9 18 AM '94

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 84665
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Ralph Verne Pelton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 14, 1920 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Mother's maiden name	Kathyrin Pelton	Katherine Harrison
Father's first name	Iral	Iril
Father's place of birth	Iowa	Woodbine, Iowa

Subscribed and sworn to before me this 24th day of October, 1994.

X Notary Public, Brenda Weidinger

Residing at _____

My commission expires 4-5-97

(Seal)

NOTARY PUBLIC
BRENDA WEIDINGER
390 West 800 North
Orem, Utah 84057
My Commission Expires: 4-5-97
State of Utah

X Ralph V. Pelton
Signature of Applicant

X 847 So 150 W, Orem Ut.
Street Address, City, State
84058

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 1 7 1994

Idaho Marriage Certificate shows Iril A. Pelton and Katherine Harrison were married Aug. 6, 1916 viewed VS.

Pat. Blessing from the LDS church shows Ralph Verne Pelton born Nov. 14, 1920 in Poctello ID to Iril A. Pelton and Katherine Harrison was blessed July 16, 1965 viewed VS.

759 - 212 - 003 - 239

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84666

No. 1029 No. Harrison St.

Primary Registration District No. 2161 Registered No. 8474

Hospital

FULL NAME OF CHILD Gwendolin Perkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		and	Yes	11 - 12 - 1920

FATHER		MOTHER	
FULL NAME	Spencer Perkins	FULL MAIDEN NAME	Ray Still
RESIDENCE	1029 No. Harrison	RESIDENCE	1029 No. Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	machinist U.S.L.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:10 P. M. on the date above stated.

(Signature) J. W. Lynn

Physician (Physician or midwife)

Address 845 W. Whitman

Filed 12/1 1920

J. R. Perkins Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1967

666-213-003-448

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bannock Amended 8/2/74

CERTIFICATE OF BIRTH

City of McCammon

Registration District No. 28 File No. 84667

No. ..... St.

Primary Registration District No. 2161 Registered No. 2475

Hospital .....

FULL NAME OF CHILD Faye Wood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Nov (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Horace Vern Wood	FULL MAIDEN NAME	Abbie Louise Udy
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Saboner ~~Housewife~~	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn) at 1:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson J McFill M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Registrar

Filed 12/1 1920

[illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 9 12 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 84667

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Woods (female) who was born on Nov. 13, 1920
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in McCammon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Church records prepared on Sept. 4, 1921 and Oct. 26, 1939 are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Woods	Faye Wood
father's last name	Woods	Wood

Subscribed and sworn to before me this 26 day of
July, 1974

3-18-74
Notary Public, residing at Garland, Utah
My commission expires 3/18/74
(Seal)

Signed Velma Gerner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4421 So. 200 W. Ogden, Utah 84403
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of
July, 1974

Leonard T. Bushnell
Notary Public, residing at Garland, Utah
My commission expires 3/18/74
(Seal)

Signed Mabel M. Munns
(Signature of Any Credible Person)

Garland, Utah
(Street Address, City, State)

FORM DH 60-155

CL 7/23/74

Certificate of Baptism and ~~XXXX~~ Confirmation from the LDS Church gives name as Faye Wood daughter of Horace Vern Wood and Abbie Udy. Born Nov. 13, 1920 at McCammon, Idaho. Wa Baptized Oct. 26, 1929. viewed by V. S.

AUG 2 1974

Certificate of Blessing from LDS Church gives name as Faye Wood daughter of Horace Vern Wood and Abbie Louise Udy. Born Nov. 13, 1920 at McCammon, Idaho. Was Blessed Sept. 4, 1921. viewed by V. S.

896-114-003-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted] IFICATE OF BIRTH

County of Bannock

City of Pocatello Ida[redacted]

Registration Di[redacted] 28

File No. 84668

No. 323 No 8 St.

Primary Registration District No. 2161

Registered No. 3476

Hospital

FULL NAME OF CHILD Not named James Hronek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Hronek	FULL MAIDEN NAME	Josephine Kalalak
RESIDENCE	323 No 8 th	RESIDENCE	323 No 8 th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Inspector O. S. Line	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. [illegible]

Phy & Surg

(Physician or midwife)

Given names added from a supplemental report.

Address 440 W. Hayden St

19

Filed 12/1 1920

J. H. Young

Registrar

Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 19--

967-215-003-799

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 643 N. Hayes St.

Hospital

Registration District No. 28 File No. 84669

Primary Registration District No. 216 Registered No. 3477

FULL NAME OF CHILD Edith Madaline Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov. 15 1920

FATHER

FULL NAME: Charles Rogers

RESIDENCE: 643 N. Hayes

COLOR: White

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: St Paul, Minn.

OCCUPATION: Switchman

MOTHER

FULL MAIDEN NAME: Edith Griffith

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Ellis Kansas.

OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho.

Filed 12/1 1920

J. Gourney Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 5 1977

259-165-003-437

Form ~~V. S. No.~~ 1-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84670

County of Bannock

City of Pocatello

Registration District No. 28 File No. 40

No. ..... St.

Primary Registration District No. 2161 Registered No. 3478

Hospital Pocatello Gen'l

FULL NAME OF CHILD ROBERT CHESTER KERR

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	11 15 1920

FATHER		MOTHER	
FULL NAME	Chester H Kerr	FULL MAIDEN NAME	Gladys Anna McGillivray
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	South Dakota	BIRTHPLACE	California
OCCUPATION	Retail Store Supervisor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKay

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello

Filed 12/1 1920

J. McKay
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Fresno }

Certificate No. 84670
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Robert Chester Kerr (Name on original certificate) who born (Was born or died) on Nov 15-1920 (Date of event) in Pocatello Ida (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kerr	Robert Chester Kerr
Mother's birthplace	S. Dakota	California

Subscribed and sworn to before me this 7 day of Nov, 1941

[signature]
Notary Public, residing at 3120 Kerckhoff
My commission expires Apr 24-1942
[SEAL]

Signed Chester H Kerr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3221 Huntington Blvd. Fresno Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Fresno }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

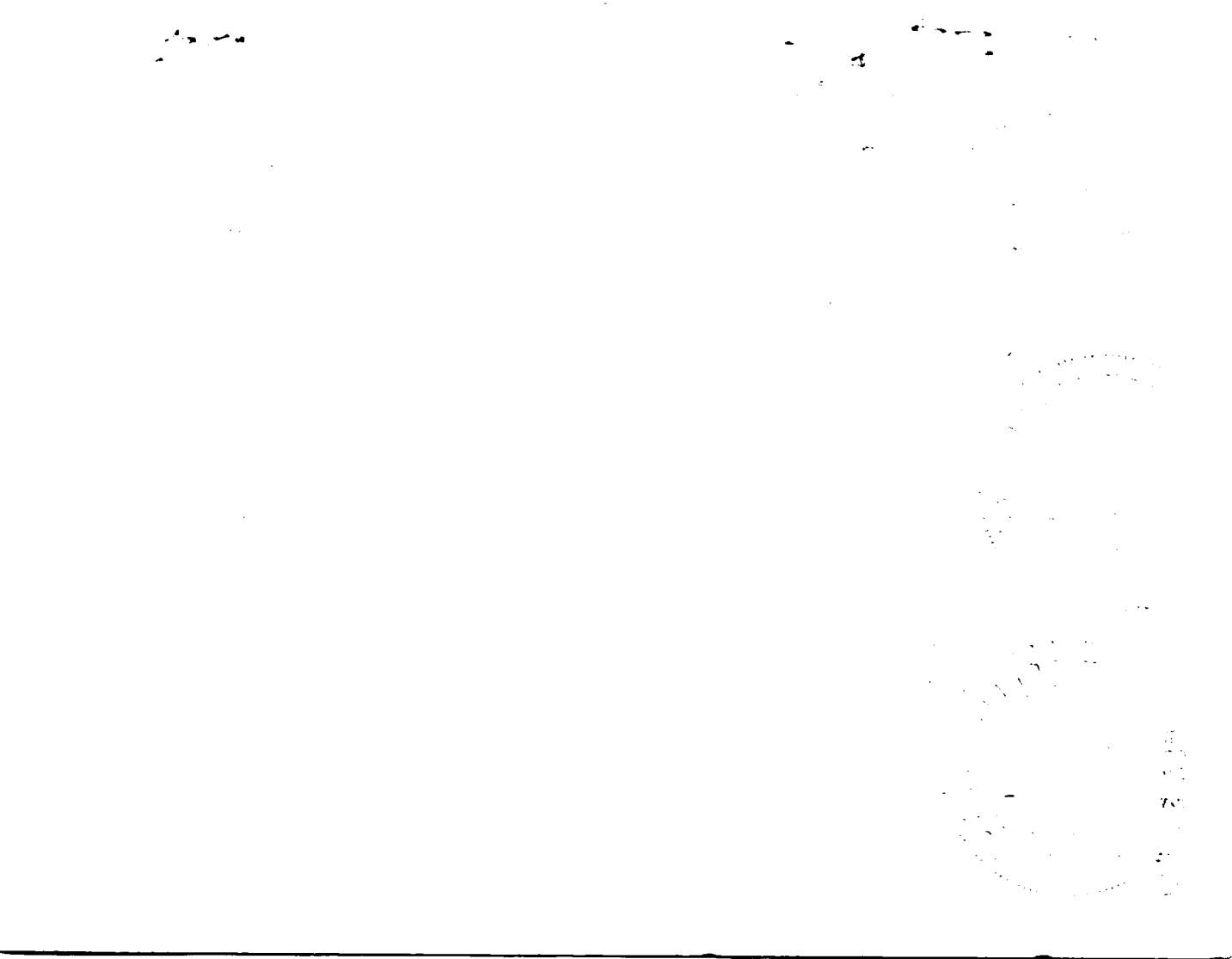
Subscribed and sworn to before me this 7 day of Nov, 1941

[signature]
Notary Public, residing at 3120 Kerckhoff
My commission expires Apr 24-1942
[SEAL]

Signed L. C. Rees
(Signature of any credible person other than the previous affiant.)

717 McKinley - Fresno Cal.
(Street Address, City, State)

Received for filing on ..... By .....



454 - 116 - 003 - 317

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 8A671

No. 533 North 5th Ave. St.

Hospital Home Primary Registration District No. 2161 Registered No. 3479

FULL NAME OF CHILD Joe DeFilippis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov. 16 1920

FATHER

FULL NAME Dik DeFilippis

RESIDENCE 533 North 5th Ave.

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Italy

OCCUPATION Common Labor

MOTHER

FULL MAIDEN NAME Bannyetta Capra

RESIDENCE 533 North 5th Ave.

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Cumberland Wis.

OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

(Signature) Mrs Ann M. Bird

Midwife (Physician or midwife)

Address 413 So. 4th Ave.

Filed 12/1 1920 J. E. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

254 - 117-003-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1234 N. Hayes St.

Hospital

Registration District No. 28

File No. 84672

Primary Registration District No. 2161

Registered No. 3480

FULL NAME OF CHILD Keneth Howard Kemp

Sex of Child	Twin Triplet or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Nov.	17	20

FATHER

FULL NAME: William D. Kemp

RESIDENCE: 1234 N. Hayes.

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Lehi, Utah.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Verda C. Carrigan

RESIDENCE: Same

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Durango, Colo.

OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 12/1 1920

J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1957

236-119-003-955

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1135 N Harrison St.

Hospital

Registration District No. 28 File No. 84673

Primary Registration District No. 261 Registered No. 3481

FULL NAME OF CHILD Harrison Reed Stover

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	11 -19 1920

FATHER		MOTHER	
FULL NAME	Harrison F Stover	FULL MAIDEN NAME	Winnifred Reed
RESIDENCE	1135 N Harrison	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	~~Machinist~~ Va	BIRTHPLACE	Montana
OCCUPATION	Machinist	OCCUPATION	hsw f.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 12/1 1920 J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-219-003-554

Amended 2-20-63

(Be sure the information is complete and accurate)

State File No. 84674

Local Reg. No. 3482

Reg. Dist. No. 28

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Pocatello General Hosp.

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mary b. (Middle): Lois c. (Last): Hanson

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): 11 - 19 - 1920

FATHER OF CHILD

7. FULL NAME a. (First): Cecil b. (Middle): Smith c. (Last): Hanson

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Grand Junction, Colo.

11a. USUAL OCCUPATION: Locomotive Fireman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ellen b. (Middle): Irene c. (Last): Veden

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Colorado

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: F. M. Ray

18c. ADDRESS: Pocatello, Ida.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12/1/1920

20. REGISTRAR'S SIGNATURE: J.R. Young

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREG. | 22b. WEIGHT AT BIRTH |

Send correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
FEB 4 1963
Bureau of Vital Statistics

State of Idaho
County of Bannock } ss.

Certificate No. 84674

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hanson (Name on Original Certificate) who was born (Was Born or Died) on Nov 19, 1920 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible + High School (Bible Record, Insurance Policy, Etc.) prepared on 11/19/20 + 1/29/62 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Hanson	Mary Lois Hanson
Mother's Maiden Name	Ellen Irene Verden	Ellen Irene Veden

Subscribed and sworn to before me this 28th day of January, 1963

Notary Public, residing at Pocatello

My commission expires 9/21/63

(Seal)

Signed Ellen Irene Veden Hanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3813 Hawthorne Rd Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of January, 1963

Notary Public, residing at Pocatello

My commission expires 9/21/63

(Seal)

Signed Cecil S. Henson
(Signature of Any Credible Person)

3813 Hawthorne Rd
(Street Address, City, State)
Pocatello Ida.

FORM DH 60-155

Another Child's Birth Cert. on file: (Idaho Birth) #136075 gives full maiden name of mother as Ellen Irene Veden - viewed by V.S.

Photo Copy of Page from Family Bible, photo copy made June 14, 1957 by Gateway Printer, Inc. - Pocatello, Idaho - appears old and unaltered gives one child's full name as Mary Lois Hanson, born Nov. 1920 at General Hospital, Pocatello, Idaho, Friday morning at 8 A.M.

Statement from J.E. Six, Registrar, Pocatello High School, Pocatello, Idaho, statement written January 28, 1963, states "This is to certify that I have examined the records of the Pocatello High School, Class A School Dist. No. 25, Bannock County, Pocatello, Idaho, and have found the following information regarding: Mary Lois Hanson, entered Sept. 8, 1936 - attended 4 years. birthdate: November 19, 1920, place of birth: Pocatello, Idaho, parent's names; Cecil S. Hanson, Irene Hanson." - viewed by V.S.

Photo Copy of Page From Family Records titled Births, gives full names of two persons as Ellen Irene Veden, born June 4, 1896 and Mary Lois Hanson, born Nov. 19, 1920 - appears old and unaltered - viewed by V.S.

Photo Copy of Marriage Record, married Dec. 25, 1919 in the State of Colorado, gives full name of groom as Mr. Cecil Smith Hanson and full name of bride as Miss Ellen Irene Veden - married by Rev. E.M. Carr, Pastor Christian Church, Ault, Colo. - viewed by V.S. photo copy made June 14, 1957 -

165 - 220 - 003 - 643

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 928 N. Garfield St.

Registration District No. 28 File No. 84675

Primary Registration District No. 2161 Registered No. 3483

Hospital

FULL NAME OF CHILD RUTH Elaine Jones.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Nov. 20 1920

FATHER	MOTHER
FULL NAME Warren Jones.	FULL MAIDEN NAME Edith Estell Fullmer
RESIDENCE 928 N. Garfield Pocatello, Idaho.	RESIDENCE 928 N. Garfield, Pocatello Idaho
COLOR white	COLOR W.
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Fairview, Utah.	BIRTHPLACE Springville, Utah.
OCCUPATION Furniture repairer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) W. W. Brothers

Physician

(Physician or midwife)

Address Pocatello Idaho.

Filed 12/1 1920 J. P. Gooding Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 84675

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for ELANE (Name on Original Certificate) who born (Was Born or Died) on Nov. 20, 1920 1920 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible record (Bible Record, Insurance Policy, Etc.) prepared on January 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elane	Ruth Elaine Jones

Subscribed and sworn to before me this 6th day of October, 1942

Edward F. Bryan

Notary Public, residing at Long Beach, Calif.

My commission expires July 25, 1944

(Seal)

Signed Edith E Jones

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Edith E Jones

(Street Address, City, State)

6817 Adamson Ave., Bell Gardens, Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October 1942

Edward F. Bryan

Notary Public, residing at Long Beach, Calif.

My commission expires July 25, 1944

(Seal)

Signed Bessie Lee Schuber

(Signature of Any Credible Person Other Than Previous Year)

227 E. Louise St.

(Street Address, City, State)

Long Beach Calif.

MAY 12 1965

DEC 10 1942

469-220-003-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84676

County of Bannock

City of Pocatello

Registration District No. 28 File No.

No. 640 N. 8th St.

Primary Registration District No. 2161 Registered No. 3484

Hospital X

FULL NAME OF CHILD Genevieve W— Morris

Sex of Child female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Nov. (Month) 20 (Day) 1920 (Year)

FATHER

FULL NAME Wm Morris.

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Greece

OCCUPATION Tobacco farmer

MOTHER

FULL MAIDEN NAME Dorothy Virginia Lorain

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Michigan

OCCUPATION house Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 8:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 12/1 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-220-003-363

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 84677

No. ..... St. 7th Ave

Primary Registration District No. 2161 Registered No. 3485

Hospital St. Anthony's Hospt.

FULL NAME OF CHILD Mary Emma Sullivan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	Nov. (Month) 20 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gerald Sullivan	FULL MAIDEN NAME	Bella Lockyer
RESIDENCE	739 N. Garfield	RESIDENCE	739 N. Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Mc. Cammon
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of children of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Lenright

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello, Idaho.

Filed 12/1 1920 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1945

392-221-003-795

name added 1/2/80

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28 File No. 84678

No. ..... St.

Primary Registration District No. 2161 Registered No. 3486

Hospital .....

FULL NAME OF CHILD Alma Jane Lish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		Yes	Nov 21 1920

FATHER		MOTHER	
FULL NAME	William Leslie Lish	FULL MAIDEN NAME	Martha Pamella Green
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson G. McDell MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Registrar

Filed 1/2/ 1920

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

8-31-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 20 12 27 PM '79

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 84678
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Lish (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 21, 1920 (Date of Event)

in McCammon, (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Alma Jane Lish

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Alma Jane Lish Hayball
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of November, 1979

Notary Public, [illegible]
Residing at [illegible]
My commission expires _____
(Seal)

George E Lish
Supporting Signature

[illegible]
Street Address, City, State

Marriage License and Certif from Idaho gives names as Robert Irvin Hayball and Alam Jane Lish, dated Aug 12, 1939. viewed by V. S.

JAN 2 1980

Confirmation from the Holy Trinity- St. Andrew Church gives name as Alma Jane Hayball dated May 16,1971. viewed by V. S.

819-221-003-154

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello -

No. 825 N 11 ave St.

Hospital —

Registration District No. 28 File No. 84879

Primary Registration District No. 216 Registered No. 3487

FULL NAME OF CHILD Shirley Ruth Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
♀				yes	Nov 21 1920

FATHER

FULL NAME Walter Harrison

RESIDENCE Lund Ida.

COLOR w AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Crystel Andrews -

RESIDENCE Same -

COLOR wh. AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Tenn -

OCCUPATION hswf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 15 a M. on the date above stated.

(Signature) J P Young

(Physician or ~~midwife~~)

Address Pocatello -

Filed 12/1 1920

J P Young
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

365-121-003-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 242 South 13th St.

Registration District No. 28

File No. 84680

Primary Registration District No. 2161

Registered No. 3488

Hospital

FULL NAME OF CHILD Raymon Vernon Covert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov. 21 1920

FATHER	MOTHER
FULL NAME: Joseph Covert	FULL MAIDEN NAME: Nellie Walker
RESIDENCE: 242 S. 13th	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 63 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: LosVegas, New Mexico.	BIRTHPLACE: Washington Iron Co. Utah.
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho.

Filed 12/1 1920

J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 0 1970

791-121-003-856

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 656 W. Sublette St.

Hospital

Registration District No. 28 File No. 84681

Primary Registration District No. 2161 Registered No. 3489

FULL NAME OF CHILD Samuel Alvin Grayson

Sex of Child	Twin Triplet — or other? (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Nov.	21	20

FATHER

FULL NAME Thomas E. Grayson

RESIDENCE 656 W. Sublette

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Trade, Tenn.

OCCUPATION Switchman

MOTHER

FULL MAIDEN NAME Rose Elva Yeoman

RESIDENCE Same

COLOR White

AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Salt Lake City, Utah.

OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD

(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 12/1 19 20

J. P. Young

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1966

765-121-003-143

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 84682

No. ____ St.

Hospital Pocatello Gen'l Primary Registration District No. 3161 Registered No. 3490

FULL NAME OF CHILD John Eric Fredberg

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.			Yes	11	24	1920

FATHER		MOTHER	
FULL NAME	Eric Samuel Fredberg	FULL MAIDEN NAME	Mary Katherine Julius
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hopkins, Minn	BIRTHPLACE	Butte, Mont.
OCCUPATION	Abstracter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 3P M. on the date above stated.

(Signature) J. McKay

(Physician or midwife)

Address Pocatello

Filed 12/ 1920 J. H. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-122-003-319

PLACE OF BIRTH name added 10-18-82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 28 File No. 84683

No. ..... St.

Primary Registration District No. 216 1 Registered No. 3491

Hospital .....

FULL NAME OF CHILD Reed Ingval Harris

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
boy				Yes	Nov	22	1920

	FATHER	MOTHER
FULL NAME	Joseph M. Harris	Helen E. Larsen
RESIDENCE	McCammon, Ida	McCammon, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Idaho	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Edgar J. McDill

Physician & Surgeon
(Physician or midwife)

Address McCammon

Filed 12/1 19 20

J. C. Jones Registrar

10-5-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 15 11 14 AM '82

State of IDAHO
County of Bannock } ss.

Certificate No. 84683
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Harris (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 22, 1920 (Date of Event)

in McCammon (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Reed Ingval Harris

Subscribed and sworn to before me this 12 day of October, 1982

Notary Public, Lois L. Hamick

Residing at My Commission expires Feb. 1, 1983
Lois L. Hamick, Notary Public
Residing at Pocatello, Idaho

My commission expires _____

(Seal)

X Reed Ingval Harris
Signature of Applicant

1320 West Eldredge
Street Address, City, State
Pocatello Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of October, 1982

Notary Public, Beverly Bunce

Residing at Pocatello, Idaho

My commission expires 2-26-86

(Seal)

Alba G. Packer
Supporting Signature

605 El Rancho
Street Address, City, State

1 cc pd (Custer)

Local Union No 1258 form gives Reed I Harris, Contractor born 11-22-20 was initiated into union on 7-19-55. Viewed by V.S.

OCT 18 1982

Family Record gives Reed Ingval Harris born 11-22-20 in Merrill to Joseph Memorial Harris and Helen Esther Larsen and was baptised 11-17-29. Viewed by V.S. Last date recorded on family record was 11-18-59.

418-122-003-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84684

County of Bannock

City of Pocatello

Registration District No. 28 File No. 64

No. St. Seventh Ave.

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 3492

FULL NAME OF CHILD Joseph Laurence

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	Nov. (Month) 22 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Charles Harold Mayer	FULL MAIDEN NAME Bertha Halloren
RESIDENCE 78 Grafton Street - as below.	RESIDENCE 5-3 Brighton Ave. Ch. Town, P.I. Canada
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Charlottetown Prince Ed. Is.	BIRTHPLACE Charlottetown Prince Ed. Is.
OCCUPATION Machenist	OCCUPATION Stenographer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean M. Newton

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 12/1 1920

J. E. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

636-122-003-635

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 522 E. Bridger St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84685

Registration District No. 28 File No. 69

Primary Registration District No. 2161 Registered No. 3493

FULL NAME OF CHILD Boralino Flores

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 22 1920

FATHER		MOTHER	
FULL NAME	Ynan Flores	FULL MAIDEN NAME	Ynana Ocegueda
RESIDENCE	522 E. Bridger	RESIDENCE	522 E. Bridger
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Common labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:40 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 413 So. 3rd Ave.

Filed 12/1 1926

J. Kfouma
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-123-003-219

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84686

County of Bannock

City of Pocatello

No. 805 S. 10th St.

Registration District No. 28 File No. 4

Primary Registration District No. 2161 Registered No. 3494

Hospital

FULL NAME OF CHILD Wilfred Woodruff Garbett

Sex of Child	Twin Triplet — or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Nov. 23 20

FATHER	MOTHER
FULL NAME: George Alfred Garbett	FULL MAIDEN NAME: Leora Barrett
RESIDENCE: 805 S. 10th	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Salt Lake City, Utah.	BIRTHPLACE: Marysville Idaho.
OCCUPATION: Electrician	OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:03 A. M. on the date above stated.

(Signature) W. T. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 12/1 19 20

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1945

843-123-003-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 84687

No. ..... St.

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 3495

FULL NAME OF CHILD James Lord Hullihan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes.	11 (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Edward Hullihan	FULL MAIDEN NAME	Mabel Lord
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Letonia, Ohio	BIRTHPLACE	Lexington, Ky.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Roy

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello

Filed 12/1 1920 J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1973

791-120-003-749

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Idaho

Registration District No. 28 File No. 84688

No. Ranch South of town St. P.O. Box 842

Primary Registration District No. 2141 Registered No. 3497

Hospital —

FULL NAME OF CHILD William Andrews Pratt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 20 1920

FATHER		MOTHER	
FULL NAME	Thomas C. Pratt	FULL MAIDEN NAME	Mabel Purkey
RESIDENCE	Pocatello Idaho Ranch S town	RESIDENCE	Pocatello Idaho Ranch S. town
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Indiana
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W. Clark MD

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Cor Center & Main Pocatello Idaho

Registrar

Filed 12/1 1920 W. E. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1942

APR 2 7 1995

213-225-003-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 417 N 7 ave (St.

Hospital

Registration District No. 28 File No. 84689

Primary Registration District No. 2161 Registered No. 3499

FULL NAME OF CHILD Donna May Butler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	1		1	Yes	Nov. 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert M. Butler	FULL MAIDEN NAME	Myrtle May White
RESIDENCE	417 No. 7th Ave Pocatello	RESIDENCE	417 No. 7th Ave. Pocatello Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Mechanic	OCCUPATION	Hwk

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Sprague M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Pocatello

Filed 12/1 1920 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUTLER

dupe of 20-126381

463-126-003-218

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28 File No. 684690

No. ..... St.

Primary Registration District No. 2161 Registered No. 3500

Hospital .....

FULL NAME OF CHILD Sylvestra Molina

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		Yes	Nov (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Sr. Fructuoso Molina	FULL MAIDEN NAME	Manilla Sanchez
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mexico	BIRTHPLACE	Monterey, Mexico
OCCUPATION	Section Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address McCammon

Filed 12/1 1920

J R Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-128-003-365

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 242 S. 13th St.

Hospital

Registration District No. 28 File No. 84691

Primary Registration District No. 2161 Registered No. 3501

FULL NAME OF CHILD Melvin Vernon Bird

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. (Month) 28 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Vernon Charles Bird	FULL MAIDEN NAME Mabel Muriel Covert
RESIDENCE 242 S. 13th	RESIDENCE Same
COLOR White AGE AT LAST BIRTHDAY 23 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Nephi, Utah.	BIRTHPLACE Milford, Utah.
OCCUPATION Motion Picture Operator	OCCUPATION House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Pocatello, Idaho.

19

Registrar

Filed 12/1 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-10-41

433-130-003-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84692

County of Bannock

City of Pocatello

Registration District No. 28 File No. 64

No. ..... St.

Primary Registration District No. 2161 Registered No. 3502

Hospital .....

FULL NAME OF CHILD George Dunlap McClintock Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	11 — 30 1920

FATHER		MOTHER	
FULL NAME	George D. McClintock	FULL MAIDEN NAME	Jessie P McCabe
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Towner No Dak	BIRTHPLACE	Glasston No Dak
OCCUPATION	Lawyer	OCCUPATION	Housef.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello, Idaho

Registrar

Filed 12/1 - 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1971

JUL 14 1942

915-112-003-165

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 84694

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Stillborn

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes. | Date of Birth Nov. 14 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Edward K. Rankin	FULL MAIDEN NAME	Myrtle M. Jones
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Cobden Ill.	BIRTHPLACE	McPhearson Co. Kansas
OCCUPATION	Railroad Laborer.	OCCUPATION	housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still Born (Born alive or stillborn) at 7.30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orene L. Linhardt

Physician
(Physician or midwife)

Address Bancroft Idaho

Given names added from a supplemental report.

..... 19....

Filed ..... 19....

O V Linhardt
Registrar

Registrar

433-122-003-386

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 84696

No. ..... St.

Primary Registration District No. 2161

Registered No. .....

Hospital .....

FULL NAME OF CHILD John [illegible] McClellan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov. 22, 1920.

FATHER		MOTHER	
FULL NAME	John S. McClellan	FULL MAIDEN NAME	Laura L. Thompson,
RESIDENCE	Bancroft Idaho.	RESIDENCE	Bacnroft Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Lava Hot Springs Idaho.	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.10 a M. on the date above stated.

(Signature) Owen V. Lundt

physician
(Physician or midwife)

Address Bancroft Idaho.

O V Lundt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 270 5M-12-1

STATE OF IDAHO

Jan 31-14
84696

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Bancroft

Street and House No.

County Bannock.

Registered No. 84

Registration Dist. No. 2161

Sex of Child male

Date of Birth Nov. 22 1910
MONTH DAY YEAR

Father John S. McClellon
FULL NAME

Mother Laura L. Thompson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

John Raymond McClellan
GIVEN NAME IN FULL SURNAME

as reported by John S. McClellan
FATHER OR MOTHER

Otha Hunter
LOCAL REGISTRAR

463-202-003-449

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84 File No. 84697

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Electa Nell Dolbeer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov. 2nd 1920

FATHER		MOTHER	
FULL NAME	Amaziah P. Dolbeer	FULL MAIDEN NAME	Minnie E. Durlin
RESIDENCE	Bancroft Idahoo	RESIDENCE	Bancroft Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mendon New York	BIRTHPLACE	Olean New York
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.25 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhardt

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Bancroft Idaho

O V Linhardt
Registrar

Filed 19

O V Linhardt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Bancroft.

Street and House No.

County Bonnock.

Registered No. 84

Registration Dist. No. 2161.

Sex of Child Female

Date of Birth Nov 2 1921
MONTH DAY YEAR

Father Amaziah P. Dolbier
FULL NAME

Mother Minnie E. Durlin.
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Electa Mill Colburn
GIVEN NAME IN FULL SURNAME

as reported by A. P. Colburn
FATHER OR MOTHER

LOCAL REGISTRAR

NOV 7 1956

236-129-003-753

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Gopay

Registration District No. 57.

File No. 84698

No. ..... St.

Primary Registration District No. 57.

Registered No. .....

Hospital .....

FULL NAME OF CHILD Goedrick Christian ~~John Brady~~ Stolpe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Oct 29 1921 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Brady Stolpe	FULL MAIDEN NAME	Amelia Feller
RESIDENCE	Gopay	RESIDENCE	Gopay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sweeden.	BIRTHPLACE	Murry Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kittie Craig

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Idaho.

Filed NOV 30 1920 O. Thurhardt

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 3 1997

313-123-003-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84 File No. 84699

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baston Hale Call

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov. 23rd, 1920.

FATHER	MOTHER
FULL NAME: Willard Call	FULL MAIDEN NAME: Louie A. Hale
RESIDENCE: Bancroft Idaho	RESIDENCE: Bancroft Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Chesterfield Idaho.	BIRTHPLACE: Afton Wyoming
OCCUPATION: Merchant (Grocery)	OCCUPATION: housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O Thunhurst

physician
(Physician or midwife)

Address Bancroft Idaho.

Filed ..... 19.....

O Thunhurst Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S NO. 27B. 5M-12-1

STATE OF IDAHO

84649

JAN 24

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Bancroft.

Street and House No.

County Bannock

Registered No. 84

Registration Dist. No. 2161.

Sex of Child male

Date of Birth Nov. 23 1920
MONTH DAY YEAR

Father Willard Call
FULL NAME

Mother Louie H. Hale.
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Barlow Hale Call
GIVEN NAME IN FULL SURNAME

as reported by mother
FATHER OR MOTHER

O. Linhardt.
LOCAL REGISTRAR

713-110-003-619

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs Registration District No. 57 File No. 84700

No. _____ St.

Primary Registration District No. 57 Registered No. _____

Hospital _____

FULL NAME OF CHILD Francis Paul Patter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	*	Yes	Nov (Month) 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Francis Patter	FULL MAIDEN NAME	Florance Garner
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lava Hot Springs Idaho	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Garner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kittie Craig

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Lava Hot Springs Idaho

Filed NOV 30 1920 O V Lincoln

Registrar Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1941

Form Vol. No. 11 Zon 9-8-10

PLACE OF BIRTH

IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Paris

Registration District No.

File No. 84701

No. St.

Primary Registration District No. 53.

Registered No.

Hospital

FULL NAME OF CHILD Rex John Wallentine

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	X	Yes	Oct 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William LeRoy Wallentine	FULL MAIDEN NAME	Bertha Ann Lewis
RESIDENCE	Paris Idaho	RESIDENCE	Paris Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT BIRTHDAY	[illegible]
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30/a P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Paris Ida

19

Filed 11/10/20 19

R. J. Sutton Registrar

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ERVED FOR BINDING

L.D.S. Church Certificate of Blessing, January 2, 1921 gives full name of child as Rex John Wallentine, born October 22, 1920 at Paris, Idaho to William L. Wallentine and Bertha A. Lewis - viewed by V.S. and Notice of Separation from U.S. Naval Service, May 22, 1946 gives full name as Rex John Wallentine, born Oct. 22, 1920 at Paris, Idaho - date of enlistment and induction Aug. 27, 1945 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake

Certificate No. 84701

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Wallentine (Name on Original Certificate) who born (Was Born or Died) on Oct. 22, 1920 (Date of Event) in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Church Record (Bible Record, Insurance Policy, Etc.) prepared on June 5, 1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rex John Wallentine

Subscribed and sworn to before me this 15 day of June, 1960

L. Hugh Shepherd

Notary Public, residing at Paris Idaho

My commission expires Oct 10-1962

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paris Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 1960

L. Hugh Shepherd

Notary Public, residing at Paris Idaho

My commission expires Oct 10-1962

(Seal)

Signed Nichie C Shepherd

(Signature of Any Credible Person)

Paris, Idaho

(Street Address, City, State)

FORM DPH 55.155

L 6-10-60. one copy pd. receipt #03398.

JUN 16 1966

356-209-005-162

[redacted] E OF BIRTH

STATE OF IDAHO [redacted] No. 11-C—Rev. 8-8-17
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ...Bannock.....

City of ...Desmet.....

No. ..... St.

Hospital ....

Registration District No. ...21.....

Primary Registration District No. .....

File No. 84702

Registered No. 28

FULL NAME OF CHILD ...Gertrude Leah.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Nov. 9 1920

FATHER		MOTHER	
FULL NAME	Victor Leah	FULL MAIDEN NAME	Teresa Joseph
RESIDENCE	Desmet, Idaho	RESIDENCE	Desmet, Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY ..... (Years)		AGE AT LAST BIRTHDAY ...28... (Years)	
BIRTHPLACE	Desmet Ida	BIRTHPLACE	Desmet, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ...5... Number of children of this mother now living, including present birth ...4...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ...alive... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ...No physician attended.

...Victor Leah... (Physician or midwife)

Given names added from a supplemental report.

.....19.....

Address .....

.....
Registrar

Filed Nov. 14 1920 ...J. E. Brisan...
Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-121-005-628

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Benewah

City of Desmet, Idaho

Registration District No. 31

File No. 1 84703

No. ..... St.

Primary Registration District No. .....

Registered No. 29

Hospital .....

FULL NAME OF CHILD Unnamed Brede

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Nov 21 1920

FATHER		MOTHER	
FULL NAME	George Brede	FULL MAIDEN NAME	Emma Othella
RESIDENCE	Tensed, Idaho	RESIDENCE	Tensed, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Germany	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Moser

Tel (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Tekoa, Wash

Registrar

Filed Nov 22 1920

J. E. Bihan
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-118-005-249

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

Registration District No. 31

File No. 184704

No. ..... St.

Primary Registration District No. .....

Registered No. 30

Hospital Mary Immaculate

FULL NAME OF CHILD Donald Edgar May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Nov. 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otta Edgar May	FULL MAIDEN NAME	Birdie Minnie Smith
RESIDENCE	Desmet Ida	RESIDENCE	Desmet Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sister Mathias R N

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Desmet Idaho

Filed Nov 25 1920 J. Le Bihan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1947
MAR 18 1947

913 - 216 - 005 - 756

Form V. S. No. 11-G—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. .....

File No. 1 84705

Registered No. 31

FULL NAME OF CHILD Marcellina Zachary

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Nov. 16 1920

FATHER		MOTHER	
FULL NAME	John B. Zachary	FULL MAIDEN NAME	Annie Peone
RESIDENCE	Desmet Ida	RESIDENCE	Desmet, Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Desmet, Ida	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

..... (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec 1 1920

J. E. Bihan
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-108-005-713

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 31 File No. 84706

Primary Registration District No. ..... Registered No. 32

FULL NAME OF CHILD Hector Bazil

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	Nov. 8 1920

FATHER		MOTHER	
FULL NAME	Charlie Bazil	FULL MAIDEN NAME	Rosie Gates
RESIDENCE	Desmet, Ida	RESIDENCE	Desmet, Ida
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Desmet, Ida	BIRTHPLACE	Desmet, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charlie Bazil

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address Desmet, Ida

Filed Dec. 2 1920 J. E. Biham

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-103-005-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

Registration District No. 82 File No. 84707

No. ..... St.

Primary Registration District No. 2049 Registered No. 102

Hospital St. Maries

FULL NAME OF CHILD Charles Floyd Cook

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. 3 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fulton Cook	FULL MAIDEN NAME	Florence Gregory
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	W. Virginia	BIRTHPLACE	Deposit, N.Y.
OCCUPATION	Dealer in cedar poles	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 44 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Lonewall

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Maries

Filed Dec. 8 1920 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1974

359-225-005-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries Registration District No. 32 File No. 84708

No. ..... St.

Hospital St. Maries Primary Registration District No. 2049 Registered No. 101

FULL NAME OF CHILD Mary Ethel Terry.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	11 25 1920

FATHER		MOTHER	
FULL NAME	Clarence Hiram Terry	FULL MAIDEN NAME	Mary Watt.
RESIDENCE	Malden Wash.	RESIDENCE	Malden Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Flagada Texas	BIRTHPLACE	Omaha Nebraska
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Abernathy

(Physician or midwife)

Address St Maries

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 8 1920 H E Smith
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1962

295 - 111 - 005 - 997

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

Registration District No. 32 File No. 84709

No. ..... St.

Primary Registration District No. 2049 Registered No. 100

Hospital St. Maries.

FULL NAME OF CHILD Joseph William Bingaman

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) 11 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Frederick Carlos Bingaman	FULL MAIDEN NAME Esther Vivian Riggs
RESIDENCE Marble Creek, Idaho.	RESIDENCE Marble Creek, Idaho.
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE West Plains, Missouri	BIRTHPLACE Houston, Missouri
OCCUPATION Signal Maintainer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Conwall

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Maries Ida

Filed Dec 8 1920 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

JAN 14 1945

JAN 14 1949

JUL 14 1947

NOV 14 1944

264-221-005-689

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries. Registration District No. 32 File No. 84710

No. 22 St.

Primary Registration District No. 2049 Registered No. 99

Hospital

FULL NAME OF CHILD Ethel Eva [redacted]

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	Nov. 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy L. Boughton	Cora E. White.
RESIDENCE	St Maries.	St Maries.
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Ill.	Ill.
OCCUPATION	Merchant	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:05 A.M. on the date above stated.

(Signature) [redacted] Phys.

(Physician or midwife)

Address St Maries, Ida.

Filed Dec 7 1920 [redacted] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1967

MAR 8 1967

APR 19 1971

291-213-005-694

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of St Maries

Registration District No. 32 File No. 84711

No. 14 th. St.

Primary Registration District No. 2049 Registered No. 98

Hospital —

FULL NAME OF CHILD June Margaret Brandvold

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Nov 13 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin C. Brandvold	FULL MAIDEN NAME	Pearl E. Filseth
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Idaho.
OCCUPATION	Printer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving M.D.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address St Maries

Filed Dec. 7 1920 H E Hunt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1950

915-230-005-168

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. Older Creek St.

Registration District No. 32 File No. 84712

Primary Registration District No. 2049 Registered No. 97

Hospital

FULL NAME OF CHILD Boby Randall, Iris Adell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	yes	Sept 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Elbert Randall	FULL MAIDEN NAME	Olive Jane Johnson.
RESIDENCE	St. Maries.	RESIDENCE	St. Maries.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Oregon.	BIRTHPLACE	Wis.
OCCUPATION	Logger.	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Olive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving M.D.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St. Maries.

Filed Dec. 7 1920 H E Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-129-005-363

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of St Maries

Registration District No. 32 File No. 84713

No. 15-II St.

Primary Registration District No. 2049 Registered No. 96

Hospital —

FULL NAME OF CHILD Kenneth Frederick White

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	yes.	(Sept.) Sept. 29 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick White.	FULL MAIDEN NAME	Maude Collins
RESIDENCE	St Maries.	RESIDENCE	St. Maries.
COLOR	White. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Ill.
OCCUPATION	Auto Mechanic.	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2:15 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving M.D.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St. Maries Ida.

Filed Dec 7 1920 H E Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1942

JAN 1 1 1973

464 - 124 - 005 - 255

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of St. Maries

Registration District No. 32 File No. 84714

No. [illegible] St.

Primary Registration District No. 2019 Registered No. 95

Hospital —

FULL NAME OF CHILD Roy Leo Dodson.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	\		\	yes.	Sept. 24 1920

FATHER	MOTHER
FULL NAME Guy Hugh Dodson	FULL MAIDEN NAME Katie Benner
RESIDENCE St. Maries	RESIDENCE St Maries.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Texas	BIRTHPLACE Russia.
OCCUPATION Laborer.	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3: P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Livingston M.D.
Phy.
(Physician or midwife)

Address St. Maries, Ida.

Given names added from a supplemental report.

19

Registrar

Filed Dec. 7 1920 H. E. Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433 - 701 - 005 - 863

CHILD'S DATE OF BIRTH AMENDED 08/28/2013 MH

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah.

City of Santa. Registration District No. 32 File No. 84715

No. — St.

Hospital — Primary Registration District No. 2049 Registered No. 94

FULL NAME OF CHILD [redacted] — ELDON D. McLean,

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male.				yes.	Sept. 1 (Month) (Day) 1920 (Year)

SEPTEMBER 18, 1920

FATHER	MOTHER
FULL NAME W. Monroe McLean.	FULL MAIDEN NAME Sorena Holcolow.
RESIDENCE Santa.	RESIDENCE Santa.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 38. (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE N. C.	BIRTHPLACE Ky.
OCCUPATION Lawyer.	OCCUPATION House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:12 P. M. on the date above stated.

(Signature) J. Livingston, Phys.

(Physician or midwife)

Address St. Maries, Ida.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Dec 7 1920 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1964

RECEIVED

AUG 2 6 2013

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of KOOTENAI } SS

Certificate No. 1920-84715

Date Filed December 7, 1920

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Eldon D. McLean (Name on Original Certificate) who was born (Was Born, Died, etc.) on September 1, 1920 (Date of Event)

in Santa (Benewah County), Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	THE RECORD NOW SHOWS:	THE TRUE FACT IS:
Child's Date of Birth	Sept. 1 1920	September 18, 1920

Subscribed and sworn (affirmed) to before me this 22 day of AUGUST, 2013

Notary Public, Julie Drapeau

Residing at POST FALLS

My commission expires 8-11-18

(Seal)

JULIE DRAPEAU
Notary Public
State of Idaho

Applicant's Signature Eldon D McLean

Printed Name ELDON D. MCLEAN

Street Address 3387 W RIVERBEND

City, State, ZIP POST FALLS, ID 83854

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

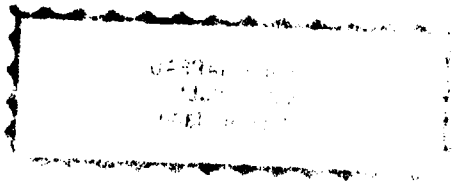
Applicant's Signature _____

Printed Name _____

Street Address _____

City, State, ZIP _____

ARMY OF THE UNITED STATES SEPARATION QUALIFICATION RECORD FOR ELDON D. MCLEAN SHOWS HIS DATE OF BIRTH AS SEPTEMBER 18, 1920 WITH DATE OF SEPARATION OF JUNE 13, 1946 - VIEWED BY VS - MH



399-118-005-132

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. Riverdale St.

Hospital

Registration District No. 32 File No. 84716

Primary Registration District No. 2049 Registered No. 93

FULL NAME OF CHILD Grady Junior Triplett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	yes.	Aug. 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grady Harvey Triplett	FULL MAIDEN NAME	Sarah May Alberry.
RESIDENCE	St Maries.	RESIDENCE	St Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Iowa.
OCCUPATION	Laborer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving M.D. Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Maries - Idaho.

Filed Dec 7 1920 H E Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1944

247-125-005-712

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Marie

Registration District No. 32 File No. 84717

No. Main St.

Primary Registration District No. 2049 Registered No. 92

Hospital

FULL NAME OF CHILD James Chester Keegan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—			yes	May 25 1920

FATHER		MOTHER	
FULL NAME	Lawrence T. Keegan	FULL MAIDEN NAME	Ora. D. Goskill
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Minn.	BIRTHPLACE	Mo.
OCCUPATION	Telegraph Operator	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Kinsolving M.D.
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address St Maries Ido.

Filed Dec. 7 1920 H E Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1944

844-106-010-819

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida.

No. _____ St.

Hospital _____

Registration District No. 73 File No. 84718

Primary Registration District No. 2110 Registered No. 283

FULL NAME OF CHILD Vernon R. Humphries

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Louise M. Humphries	FULL MAIDEN NAME	Lauretta Harries
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Ida.

Registrar

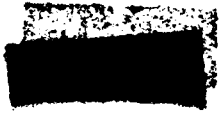
Filed 11/24/ 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1944



386-206-010-113

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84719

No. _____ St.

Primary Registration District No. 2170 Registered No. 262

Hospital _____

FULL NAME OF CHILD ELAINE MAY THOMAS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov 6 1920

FATHER		MOTHER	
FULL NAME	George Thomas	FULL MAIDEN NAME	Bertha Jacobsen
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Registrar

Filed 11/24 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 84713

Primary Registration District No. 21 Registered No. 9 6 2

PLACE OF BIRTH

County of

City of

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child | Twin Triplet or other? | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) 19 (Year)

(To be answered only in event of plural birth)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed 19

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

FEB 2 1942

State of IDAHO } ss.
County of BONNEVILLE }

Certificate No. 84719

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)

for no name (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 6, 1920 (DATE OF EVENT)

in Idaho Falls, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 30-1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Elaine May Thomas

Subscribed and sworn to before me this 30th day of January, 19 42.

G E Dennis

Notary Public, residing at Idaho Falls, Ida.

My commission expires Jan. 21, 1946

(SEAL)

Signed Mrs Bertha J. Thomas Mother.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

374 H. St., IDAHO FALLS, IDAHO

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By

(REGISTRAR'S SIGNATURE)

855-220-010-414

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-6-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 84720

Registered No. 241

FULL NAME OF CHILD Marjorie Hendrickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grant Hendrickson	FULL MAIDEN NAME	Mildred Madison
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nephi Utah	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Drug Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Idaho

Filed Nov 23 1920 A. Reinwald

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1942

893 - 118 - 010 - 393
PLACE OF BIRTH

childs name added, fathers last name amend 10-5-84 dl

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 84721

No. ..... St.

Primary Registration District No. 2 1 1 0 Registered No. 2 5 6

Hospital .....

FULL NAME OF CHILD Dayle Guy Hilterbrand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				yes	Nov	18	1920

	FATHER	MOTHER
FULL NAME	Guy Hilterbrand	FULL MAIDEN NAME Hilda Littlewood
RESIDENCE	Idaho Falls Idaho #5	RESIDENCE Idaho Falls Idaho RFD 5
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE England
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed 11/20 1920 [illegible]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-336111

8-29-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 3 12 47 PM '84

State of Oregon
County of Multnomah } ss.

Certificate No. 84721
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Hildebrandt (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 18, 1920 (Date of Event)
in Idaho Falls (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Hildebrant	Dayle Guy Hilterbrand
fathers name	Guy Hildebrant	Guy ~~Jefferson~~ Hilterbrand

Subscribed and sworn to before me this 1st day of October, 19 84.
Notary Public, Dori M. Miles
Residing at Multnomah Co., Oregon
My commission expires April 19, 1988
(Seal)

x Dayle Guy Hilterbrand
Signature of Applicant
x1646 Devonshire Dr Gladstone OR 97027
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.
Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

2bc 1cc

Delayed birth certificate filed March 17, 1942 lists Dayle Guy Hilterbrand born Nov 18, 1920 in Idaho Falls to Guy Hilterbrand and Hilda Mary Littlewood. Viewed by V.S..

OCT 3 1984

U.S. Army Separation Record lists Dayle G. Hilterbrand was discharged Oct 9, 1945 lists date of birth as Nov 18, 1920. Viewed by V.S.

Certificate of Marriage lists Dayle Guy Hilterbrand and Marilyn Jean Siemer were married May 2, 1969 in Wyoming. Viewed by V.S.

296-116-010-855

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84722

No. ..... St.

Primary Registration District No. 2110 Registered No. 279

Hospital .....

FULL NAME OF CHILD John Leroy Brocksome

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Perry Leroy Brocksome	FULL MAIDEN NAME	Annie L. Henrie
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Pocatello Ida.
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Filed Nov 17 1920 Wm Kennard Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1942

356-130-010-455

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Cliff St.

Hospital —

Form V. S. No. 11-C—25m-9-8-37

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 84724

Primary Registration District No. 2140 Registered No. 277

FULL NAME OF CHILD Sylva Leon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Antonio Leon	FULL MAIDEN NAME	Benita Mendoza
RESIDENCE	Cliff St. City	RESIDENCE	Cliff St. City
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Villa de Morelos Mich, Mex	BIRTHPLACE	Villa de Morelos, Mich Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address 461 Shoup ave. Idaho Falls

..... 19....

Filed Nov 3 1920 W [illegible]

Registrar Nov. 3, 1920 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/2/40 L. B.

314-123-010-893

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 323 Hill St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 84725

Primary Registration District No. 2120 Registered No. 276

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence L. Lambert	FULL MAIDEN NAME	Bessie Hill
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho 323 Hill Street
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Delta, Colorado	BIRTHPLACE	Sandy, Utah
OCCUPATION	Contractor & Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Night at 12 35 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Pendleton

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls Idaho

..... 19.....

Filed Mar 19 20 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-206-010-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 298 Fifth St.

Hospital

Registration District No. 73

File No. 84728

Primary Registration District No. 2140

Registered No. 273

FULL NAME OF CHILD DOROTHY LOUISE PEELER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	April 6 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Thomas Peeler	FULL MAIDEN NAME	Rose Mary Peterson
RESIDENCE	Idaho Falls R.F.D. No 6	RESIDENCE	R.F.D. No 6 Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Gattman, Mississippi	BIRTHPLACE	Brigham City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Filed Nov 5 1920 W Kennard

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 84728

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of date (BIRTH OR DEATH)
for Dorothy Louise Peeler (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 6 1920 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Apr 26 1926 (GIVE DATE) ✓, are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Peeler
Dorothy Louise Peeler		

Subscribed and sworn to before me this 29th day of April, 19 42

Marie Brundy

Notary Public, residing at Idaho Falls, Idaho

My commission expires May 4 1945 (SEAL)

Signed Rosa Mary Peeler
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

323 10 Str. Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 19 42

Marie Brundy

Notary Public, residing at Idaho Falls, Idaho

My commission expires May 4 1945 (SEAL)

Signed Carrie Medaker
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

328 10th Street Idaho Falls, Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 1 1942 By
(REGISTRAR'S SIGNATURE)

789-231-010-297

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84730

No. ..... St.

Primary Registration District No. 210-0 Registered No. 271

Hospital .....

FULL NAME OF CHILD Genevieve May Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 31 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph A. Phillips	FULL MAIDEN NAME	Frances Rogers
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Texas
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Filed Nov. 9 1920 Wm Kennard Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1943

493-218-010-449

CHILD'S DOB AMENDED 3-9-2011 CMW

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 84731

Primary Registration District No. 21 1-0 Registered No. 270

FULL NAME OF CHILD Adele Mittry

OCT. 19, 1920

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Si K. Mittry	FULL MAIDEN NAME	Evelyn Murray
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Syria	BIRTHPLACE	Syria
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho.

Filed Nov 4 - 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1967

RECEIVED
FEB 0 3 2011

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of INDIANA
County of VANDERBURGH } SS

Certificate No. 1920-84731
Date Filed 11/05/1920

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for Adele Mittry (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/18/1920 (Date of Event)
in Idaho Falls (Bonneville Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's birthdate	Oct. 18 1920	Oct. 19, 1920

Subscribed and sworn to before me this 21 day of January, 2011

Notary Public, Matthew L. Hoelder
Residing at Evansville Indiana Vanderburgh County
My commission expires 6/29/2016
(Seal)

Signature of Applicant

150 HARTIN DR. EVANSVILLE IN 47711
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐) _____
(Is not necessary ☒) _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Signature of Applicant

Street Address, City, State and Zip

December 10, 2010 ST. MARY'S HEART INSTITUTE EXERCISE STRESS TEST REPORT ADELE TORIAN DATE OF BIRTH: 10-19-1920 STUDY DATE: 8-3-2004 VIEWED BY VS INDIANA DRIVER LICENSE ADELE M TORIAN DATE OF BIRTH: 10-19-1920 ISSUED: 12-17-2005 VIEWED BY VS

342-128-010-559

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 3 File No. 84732

Primary Registration District No. 2110 Registered No. 269

FULL NAME OF CHILD Billy Guy Tubbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 28 1920

FATHER		MOTHER	
FULL NAME	Guy Tubbs	FULL MAIDEN NAME	Ruby Herron
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	South Dasota	BIRTHPLACE	Utah
OCCUPATION	Warehouse Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls

Filed Oct 28 1920 [signature]

Given names added from a supplemental report.

..... 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]
[illegible] STATISTICS

PLACE OF BIRTH

CERTIFICATE OF BIRTH

84732

County of

City of

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin / Triplet / Quadruplet

Number and Order of Birth

Length

Date of Birth

Month

Day

Year

(To be answered only in event of plural birth)

FATHER

MOTHER

(Years)

(Years)

Number of child of this mother, including present birth [illegible] Children of this mother [illegible] living, including present birth

I hereby certify that I attended the birth of this child, [illegible]

*When there was no attendant [illegible] the [illegible] should name this [illegible] one that neither [illegible]

Given names and [illegible] supplemental report.

Registrar

764-221-010-753

Form V. S. No. 11-C-[illegible]-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... *St.*

Hospital Home

Registration District No. 3

Primary Registration District No. 215-0

File No. 84734

Registered No. 267

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept. 21 1920

FATHER		MOTHER	
FULL NAME	Josiah GOdfrey	FULL MAIDEN NAME	Gunda Petersen
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ucon Idaho

Filed Oct 25 1920 [signature]
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF VITAL RECORD

CERTIFICATE OF MARRIAGE

NAME	
RESIDENCE	
AGE	
OCCUPATION	
BIRTHPLACE	
MOTHER'S MAIDEN NAME	
FATHER'S NAME	

213 - 110 - 010 - 843

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 84735

No. ..... St.

Hospital Peoples Hosp. Primary Registration District No. 2170 Registered No. 264

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 10, 1920

FATHER		MOTHER	
FULL NAME	Royal Salisbury	FULL MAIDEN NAME	Estelle Kendall
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:[illegible] on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellan M.D.

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 21 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-117-010-269

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 84736

Primary Registration District No. 2170 Registered No. 263

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	Yes	Oct. 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Butler	Lillian Sorensen
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) .....

Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Oct 27 1920 .....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-117-010-269

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. \ \ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 84737

Primary Registration District No. 21-0 Registered No. 264

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twins	2nd	yes	Oct 17 1920

FATHER		MOTHER	
FULL NAME	W. G. Butler	FULL MAIDEN NAME	Lillian Sorensen
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:35 A. M. on the date above stated.

(Signature) [signature]

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Oct 27 1920

[signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-223-850-652

Amended May 13, 1959

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 13 File No. 84738

No. ____ St.

Primary Registration District No. 2170 Registered No. 262

Hospital ____

FULL NAME OF CHILD Jane Barrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 23 1920

FATHER	MOTHER
FULL NAME William L. Barrett	FULL MAIDEN NAME Pearl West
RESIDENCE Idaho Falls, Idaho	RESIDENCE Idaho Falls Idaho
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Pennsylvania	BIRTHPLACE Missouri
OCCUPATION Insurance Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Oct 25 1920 [signature]
Registrar

Amended by L.S. 1959

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84738

PLACE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child

Twin, Triplet, or other?

Number in order of birth

Legitimate?

Date of Birth (Month) (Day) (Year)

(To be answered only in event of plu al births)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at M. on the date above stated.

(Signature) (Date signed) (Address)

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A uniform child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Registrar

Date

Amended by L.S. 1959

PLACE OF BIRTH

County of

City of

No. St.

Hospital

FULL NAME OF CHILD

Sex of Child

Twin, Triplet, or other?

Number in order of birth

Legitimate?

Date of Birth (Month) (Day) (Year)

(To be answered only in event of plu al births)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at M. on the date above stated.

(Signature) (Date signed) (Address)

(Physician or midwife)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A uniform child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Registrar

Date

NATIONAL ASSOCIATION FOR PUBLIC HEALTH STATISTICS

A CERTIFICATE RETURNED WITHIN TEN DAYS AFTER BIRTH IS A PERMANENT RECORD OF VALUE TO THE CHILD. IT SHOULD BE FILED WITH THE LOCAL REGISTRAR OF BIRTHS WITHIN TEN DAYS AFTER BIRTH. IF THE BIRTH OCCURS MORE THAN TEN DAYS AFTER DEATH, A CERTIFICATE SHOULD BE FILED WITHIN ONE YEAR.

Own child's birth certificate #51-01136, shows name as Jane West Barrett, viewed by V.S
Statetement regarding school attendence, by T.C. Bird, Supt. of Independent Sch. Dist.
of Boise City, she graduated in 1938, shows name as Jane Barrett, viewed by V.S., issued May 13, 1959.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84738

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Not named Barrett (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23, 1920 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Not named Barrett	Jane Barrett

Subscribed and sworn to before me this 13 day of May, 1959.

Notary Public, residing at Eagle Idaho
My commission expires Sept 18 1960
(Seal)

Signed Pearl West Barrett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

1210 Franklin Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

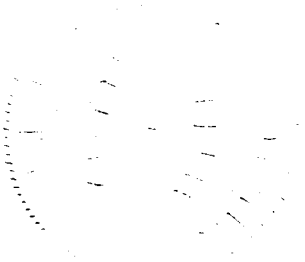
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

MAY 14 1959



262-125-010-239

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84739

No. ..... St.

Primary Registration District No. 2150 Registered No. 261

Hospital .....

FULL NAME OF CHILD Johnny Koster

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Richard Koster	FULL MAIDEN NAME	Annie Kliegt
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phipician (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct 16 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville.

Certificate No. 84739

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Koster (Name on Original Certificate) who was born (Was Born or Died) on August 25, 1920, (Date of Event) in Idaho Falls, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared at date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Koster	Johnny Koster

Subscribed and sworn to before me this 15th day of October, 1945.

[signature]

Notary Public, residing at Idaho Falls, Ida.

My commission expires March 11, 1946.

(Seal)

Signed Donna Edith Koster

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

152, 4th St., Idaho Falls, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of October, 1945.

[signature]

Notary Public, residing at Idaho Falls, Ida.

My commission expires March 11, 1946.

(Seal)

Signed Richard Koster

(Signature of Any Credible Person)

Rte. # 2, Idaho Falls, Idaho

(Street Address, City, State)

OCT 2 8 1945

433-221-010-313

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84740

No. ..... St.

Primary Registration District No. 2150 Registered No. 260

Hospital .....

FULL NAME OF CHILD ETHEL MAY McCARTY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claud Sylvester McCarty	FULL MAIDEN NAME	Margaret Talbot
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Lincoln Co. Kansas	BIRTHPLACE	Livermore Ky.
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Fremaind

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Ida.

Filed Oct 14 1920 Wm Fremaind
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 84740

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Ethel May McCarty (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 21, 1920 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my own knowledge prepared on (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Ethel May McCarty

Subscribed and sworn to before me this 3rd
day of December, 19 42

Notary Public, residing at Boise, Idaho

My commission expires July 21 - 1943
(SEAL)

Signed × Ethel May McCarty
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 457 - Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of December, 19 42

Notary Public, residing at Boise, Idaho

My commission expires July 21-1943
(SEAL)

Signed Stephen Taylor
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1106 Dunbar - Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

DEC 4 1942

214-209-010-652

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 84741

Primary Registration District No. 210 Registered No. 2V-9

FULL NAME OF CHILD Lela Almeda Sams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 9 1920

FATHER		MOTHER	
FULL NAME	George Sams	FULL MAIDEN NAME	Ila Webster
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) [signature]

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Oct 13 1920 [signature]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Own Child's Birth Cert. on file, #297046 gives full maiden name of mother as Lela Almeda Sams - viewed by V.S. and ~~L.D.S. Cert. of~~ L.D.S. Church Cert. of Baptism and Confirmation for Janet May Burgin, born June 7, 1940 at Idaho Falls, Idaho gives parents full names as Ralph James Burgin and Lela Almeda Sams - date of baptism, July 3, 1948 and confirmation, July 4, 1948 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 84741

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Sams (Name on Original Certificate) who born (Was Born or Died) on Oct. 9, 1920 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record in original handwriting (Bible Record, Insurance Policy, Etc.) prepared on at Time of birth (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lela Almeda Sams

Subscribed and sworn to before me this 10th day of March 1960.

D M Blaylock
Notary Public, residing at Idaho Falls, Idaho
My commission expires February 29, 1964
(Seal)

Signed Ila May Webster Sams Stoddard (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

433 Maple Street Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1960.

D M Blaylock
Notary Public, residing at Idaho Falls, Idaho
My commission expires February 29, 1964
(Seal)

Signed Warren J. Webster (Uncle)
(Signature of Any Credible Person)

465 12th Street, Idaho Falls, Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 7-27-59. nm

JUN 27 1960

JUN 5 1975

261-212-010-312

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84742

No. _____ St.

Primary Registration District No. 8170 Registered No. 2V-F

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 12 1920

FATHER		MOTHER	
FULL NAME	Edward Swarbrick	FULL MAIDEN NAME	Clara Castles
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	England	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls, Idaho

Registrar

Filed Oct 13 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. File No. 84742

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child | Twin Triplet or other? | and | Number of order of birth | Legitimate? | Date of Birth

(To be answered only in event of plural birth)

FULL NAME | FATHER | FULL NAME | MOTHER

RESIDENCE | RESIDENCE

COLOR | AGE AT LAST BIRTHDAY | COLOR | AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE | BIRTHPLACE

OCCUPATION | OCCUPATION

Number of child of this mother, including present birth ... Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(Signature of attendant)

When there was no attending physician or midwife than the father, householder, etc., should make this report. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature of attendant)

Given names added from a supplemental report.

Dup of 1920-437796

Registrar

Registrar

415-118-010-113

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 464-11th St.

Hospital

Registration District No. 73 File No. 84743

Primary Registration District No. 2100 Registered No. 25-7

FULL NAME OF CHILD Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. Geo. Davis	FULL MAIDEN NAME	Artie C. Jackson
RESIDENCE	~~White~~ 464-11th	RESIDENCE	464-11th St.
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Spanish Fork, Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:05 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

Idaho Falls (Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

____ 19__

Registrar

Filed Oct 6 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920 285428

235-122-010-864

Form ~~V. S. No.~~ 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. R F D #1 St.

Hospital

Registration District No. 73 File No. 84744

Primary Registration District No. 2100 Registered No. 21-6

FULL NAME OF CHILD Bleak WILLIAM YOUNG BLEAK

Sex of Child Male | Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm H. Bleak	FULL MAIDEN NAME	Tamar Young
RESIDENCE	R F D #1 Idaho Falls	RESIDENCE	R F D #1, Ida Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Fort Wingate, N. M.	BIRTHPLACE	Huntington, Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report.

____ 19__

Registrar

Filed Oct 6 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 44744
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth ~~or death~~)
for Mabe Bleak (Name on original certificate) who born alive (Was born or died) on Aug 2-2 - 1920 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church family record (Bible record, insurance policy, etc.) prepared on Sept 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	no name	William Young Bleak

Subscribed and sworn to before me this 16 day of March, 1944

Notary Public, residing at Idaho Falls, Idaho
My commission expires Jan. 3, 1944
[SEAL]

Signed Jabez N Hirst M.D
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lambrecht Bldg. Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of March, 1944

Notary Public, residing at Idaho Falls, Idaho
My commission expires Jan. 3, 1944
[SEAL]

Signed Mrs. Tamar Bleak
(Signature of any credible person other than the previous affiant.)
Idaho Falls, Idaho. Rfd. #2
(Street Address, City, State)

Received for filing on MS By
(Registrar's signature)

MAR 24 1942

855-222-010-597

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73 File No. 84745

No. RFD # 3 St.

Primary Registration District No. 21-0 Registered No. 21-V-

Hospital

FULL NAME OF CHILD Henrie Wanda Lucy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Aug 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen Henrie	FULL MAIDEN NAME	Lucy E. Hixon
RESIDENCE	RFD # 3, Ida Falls	RESIDENCE	RFD # 3, Ida Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida Falls
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wirst

(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Idaho Falls

Registrar

Filed Oct 6 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1942

439-224-010-962

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73 File No. 84746

No. ..... St.

Primary Registration District No. 210-0 Registered No. 21-4

Hospital .....

FULL NAME OF CHILD McIntosh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Aug 24 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Saml McIntosh	FULL MAIDEN NAME	Emma Robinson
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	St. Johns, Utah	BIRTHPLACE	Ucon
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed Oct 6 1920 W. Kimmel Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1968

689-126-010-114

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. R F D # 3 (Iona) St.

Registration District No. 13 File No. 84747

Primary Registration District No. 21 Registered No. 21-3

Hospital

FULL NAME OF CHILD Whitehead, Rulon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 26 1920

	FATHER	MOTHER
FULL NAME	Rulon S. Whitehead	FULL MAIDEN NAME Elsie C. James
RESIDENCE	R F D # 3 (Iona) Ida Falls	R F D # 3, Ida Falls
COLOR	white	white
AGE AT LAST BIRTHDAY	20 (Years)	21 (Years)
BIRTHPLACE	Shelley, Ida.	England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:10 P. M. on the date above stated.

(Signature) Gaby Mest

(Physician or midwife)

Address Idaho Falls

Filed Oct 6 1920 W. Hammond Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-126-010-659

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73 File No. 84748

No. ..... St.

Primary Registration District No. 21-0 Registered No. 21-2

Hospital .....

FULL NAME OF CHILD Butler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Aug 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Byron E. Butler	FULL MAIDEN NAME	Virginia Ferguson
RESIDENCE	Salt Lake City, Ut	RESIDENCE	Salt Lake City, Ut.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salt Lake City, Ut.	BIRTHPLACE	Virginia
OCCUPATION	Salesman	OCCUPATION	Hd Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

(Physician or ~~midwife~~)

Address Idaho Falls

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct 6 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

C-25m-7-21-19

County of [illegible]

City of Idaho Falls

Registration District No. 73 File No. 84749

No. ..... St.

Primary Registration District No. 2110 Registered No. 211

Hospital .....

FULL NAME OF CHILD Maher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	4 (Month) - 29 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur H. Maher	FULL MAIDEN NAME	Annie Hansen
RESIDENCE	Grant	RESIDENCE	Grant Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Chicago Ill.	BIRTHPLACE	Grant Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez W. West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Registrar

Filed Oct 6 1920 [illegible] Registrar

692-128-010-338

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84750

No. ..... St.

Primary Registration District No. 210 Registered No. 210

Hospital .....

FULL NAME OF CHILD Forrest Delore Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 28 1920

FATHER		MOTHER	
FULL NAME	Ira O. Fisher	FULL MAIDEN NAME	Bessie Clyne
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls, Ida.

Filed Oct 6 1920 [illegible]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered Number _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child: Male

Twin Triplet or other? _____ and Number in order of birth _____ Legitimate? _____ Date of birth _____ (Month) _____ (Day) _____ (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ M. on the date above stated.

(Boy, alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

_____ 19 _____ Address _____

Filed _____ 19 _____ Registrar

561 - 123 - 010 - 249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84751

No. ..... St.

Primary Registration District No. 2 1 1 2 Registered No. 249

Hospital .....

FULL NAME OF CHILD George Robert Ewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Sept	23	1920

	FATHER	MOTHER
FULL NAME	Rodney B. Ewart	Ida Smith
RESIDENCE	Idaho Falls Idaho	Idaho Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) [illegible]

Physician

(Physician or midwife)

Address Idaho Falls Idaho

Filed Oct 6 1920 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1944

MAY 6 1944

168-223-010-893

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No. 84752

No. ..... St.

Primary Registration District No. 2140 Registered No. 24 A

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rudolph Johnson	FULL MAIDEN NAME	Helen Hill
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls Idaho

Filed Oct 6 1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913 - 222-010-775

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 84753

No. ____ St.

Primary Registration District No. 8110 Registered No. 247

Hospital ____

FULL NAME OF CHILD Lillian Alloween Raty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Sept 22 1920

FATHER		MOTHER	
FULL NAME	Joseph Raty	FULL MAIDEN NAME	Nettie Pinney
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Oct 4 19 20 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Solano } ss.

Certificate No. 84753

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
of Unnamed Raty (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1920 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lillian Alloween Raty

Subscribed and sworn to before me this 11th day of Sept, 1967

Notary Public, residing at Vallejo, Cal.

My commission expires July 21, 1968

(Seal)

Signed Cora A. Hallford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

742 Haight ave. Alameda Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Solano } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of Sept, 1967

Notary Public, residing at Vallejo

My commission expires July 21, 1968

(Seal)

Signed Hester V. Cole
(Signature of Any Credible Person)

1019 Shasta St. Vallejo, Calif
(Street Address, City, State)

GEORGE C. EMMONS Notary Public in and for Solano County, California My Commission Expires July 21, 1968

FORM DH-60-155

CL 9-9-65. nm

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 31, 1929 gives full name as Lillian Allowen Raty, daughter of Joseph Raty and Nittie Pinney Raty, born Sept. 22, 1920 at Idaho Falls, Idaho - viewed by V.S.

MAY 17 1967

Vallejo Senior High School, Vallejo, California - Grade Transcript, graduated June 15, 1939 gives full name as Lillian Alloween Raty, born Sept. 22, 1920 at Idaho Falls, Idaho - date entered school Aug., 1936 - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753 [illegible] 10-396

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84754

No. ..... St.

Primary Registration District No. 2157 Registered No. 246

Hospital .....

FULL NAME OF CHILD KENNETH CHESTER PEER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug (Month) 24 (Day) 1920 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Chester A Peer	FULL MAIDEN NAME	Blanche E. Crowley
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Richfield, Utah	BIRTHPLACE	Idaho Falls
OCCUPATION	Vulcanizer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H R Hatch

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed Oct 5 1920 [illegible]
Registrar

Registrar

SF... 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 84754

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed Peer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 24th, 1920 (DATE OF EVENT) in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on not known (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Peer	Kenneth Chester Peer

KENNETH CHESTER PEER was born to Chester Almond Peer and Blanche Estelle Crowley, (maiden name), Peer. Physician or Mid-wife in attendance unknown to affiant. Affiant is the Uncle of said Kenneth Chester Peer.

Subscribed and sworn to before me this 5th day of January, 19 42.

Notary Public, residing at Idaho Falls, Idaho

My commission expires Sept 1, 1945
(SEAL)

Signed Charles R. Crowley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

206 East 15th St., Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Affiant is the Uncle of said Kenneth Chester Peer.

Subscribed and sworn to before me this 5th day of January, 19 42.

Notary Public, residing at Idaho Falls, Idaho

My commission expires Feb. 3, 1944
(SEAL)

Signed Jeanne Crowley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

400 - 10th Street, Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 1 0 1942

JUL 5 1960

569-104-010-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 124 2nd St.

Registration District No. 73 File No. 84755

Primary Registration District No. 2150 Registered No. 245

Hospital

FULL NAME OF CHILD Darrel K. Norton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Aug (Month) 4 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank T. Norton	FULL MAIDEN NAME	Luna C Kingsborn
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Rigby, Idaho
OCCUPATION	Salesman	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S R Hatch

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls

Registrar

Filed Oct 5 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 84755

Date Filed April 13, 1942 APR 15 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Darrel K. Norton (Name on Original Certificate) who was born (Was Born or Died) on Aug. 4 1920. (Date of Event)
in Idaho Falls Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Natural Knowledge (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Darrel K. Norton

Subscribed and sworn to before me this 13th day of April, 1942

H. L. Stratemeyer

Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug. 19 1945

(Seal)

Signed Frank T. Norton Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

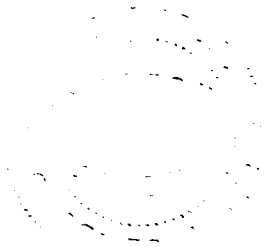
My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 18 1942



963-110-010-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 3 File No. 84757

Primary Registration District No. 2130 Registered No. 243

FULL NAME OF CHILD MAX ROCKWOOD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug. (Month) 10 (Day) 1920 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Byrant N. Rockwood	FULL MAIDEN NAME	Vera Blanche Hain
RESIDENCE	Iona, Idaho	RESIDENCE	Iona, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Centerville, Utah	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. R. Hatch

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Idaho

Filed Oct 4 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 84757

State of Idaho }
County of Bonneville } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Max Rockwood (Name on Original Certificate) who born (Was Born or Died) on Aug 10 1920 (Date of Event)
in Iona Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, ~~Insurance Policy, Etc.~~) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Max Rockwood

Subscribed and sworn to before me this 25
day of Oct, 1942.
Eugene Olsen
Notary Public, residing at Iona
My commission expires July 23 1944
(Seal)

Signed Blanche Rockwood
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Iona Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25
day of Oct, 1942.
Eugene Olsen
Notary Public, residing at Iona
My commission expires July 23 1944
(Seal)

Signed Herman Russell
(Signature of Any Credible Person Other Than Previous Year)
Iona Ida
(Street Address, City, State)

OCT 2 8 1942

295-130-010-433

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Route 3 St.

Registration District No. 73 File No. 84758

Hospital —

Primary Registration District No. 210 Registered No. 242

FULL NAME OF CHILD Welton Orin Singley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 30 1920

FATHER		MOTHER	
FULL NAME	Jas Thos. Singley	FULL MAIDEN NAME	Laura J McClure
RESIDENCE	Idaho Falls, Route 3	RESIDENCE	Idaho Falls (Route 3)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Locust Grove, Ga	BIRTHPLACE	Jackson, Ga
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. Hatch M.D.

Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Oct 1 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-12-41 G. J.

FEB 29 1960

191-229-010-964

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 84759

Primary Registration District No. 21-10 Registered No. 241

FULL NAME OF CHILD MAXINE ARAVE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Aug 29 1920

FATHER	MOTHER
FULL NAME Harold Arave	FULL MAIDEN NAME Sarah Emelia Bounds
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Taylorsville, Idaho	BIRTHPLACE Iona Idaho
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) H R Hatch

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Oct 5 1920

W Hammond Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 84759

Date Filed MAR 2 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Maxine Arave (Name on Original Certificate) who Born (Was Born or Died) on Aug 29 1920 (Date of Event)

in Idaho Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Blessing Certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Maxine Arave

Subscribed and sworn to before me this 26-th day of February, 1942

Notary Public, residing at Los Angeles, Cal.

My commission expires
(Seal)

Signed Sarah Amelia Arave
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6950 So. Figueroa St. Los Angeles, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 -th day of February, 1942

Notary Public, residing at Los Angeles Cal.

My commission expires
(Seal)

Signed Emma Louise Rounds
(Signature of Any Credible Person Other Than Previous Year)

920 Truro St. Inglewood, California.
(Street Address, City, State)

MAR 1942

915-225-010-796

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73 File No. 84760

No. ..... St.

Primary Registration District No. 2150 Registered No. 240

Hospital .....

FULL NAME OF CHILD Danielson, Emma Adeline

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Sept 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel Danielson	FULL MAIDEN NAME	Emma Jeffs
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Salt Lake City, Ut.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Oct 5 1920 M Richmond

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

760

at birth

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 84760

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Danielson (Name on Original Certificate) who was born (Was Born or Died) on Sept 25, 1920 (Date of Event)
in ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Emma Adeline Danielson

Subscribed and sworn to before me this 18 day of December, 1952

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1964

(Seal)

Signed D. E. Danielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Boise R 1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate of Blessing gives name of child as Emma Adeline Danielson born Sept. 25, 1920, daughter of Enoch Danielson and Emma Jeffs. Blessed Nov. 7, 1920.
Viewed by V. S.

AUG 11 1966

Certificate of Baptism and Confirmation gives name of child as Emma Adeline Danielson daughter of Daniel E. Danielson and Emma E. Jeffs born Sept. 25, 1920 at Garfield, Idaho. Baptized Dec. 1, 1928.
Viewed by V. S.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Ida. Falls

No. 386 - 6th St. St.

Hospital

Registration District No. 73 File No. 84761

Primary Registration District No. 2100 Registered No. 239

FULL NAME OF CHILD Gregor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gust Gregor	FULL MAIDEN NAME	Ruby Wyatt
RESIDENCE	Ida. Falls	RESIDENCE	Ida. Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Hazelhurst, Mass
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wirst

(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Idaho Falls

Filed Oct 5 1920 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1920-358087

491-121-010-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida. Falls

Registration District No. 73 File No. 84762

No. ..... St.

Primary Registration District No. 2 NO Registered No. 23 L

Hospital .....

FULL NAME OF CHILD Draper, Lynn Allen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Sept 21 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Truman Draper	FULL MAIDEN NAME	Esther Harlow
RESIDENCE	Ida Falls, Ida	RESIDENCE	Ida Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	House mfr

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Oct 5 1920 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1942

AUG 14 1944

NOV 13 1945

MAY 29 1962

261-121-010-318

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73 File No. 84763

No. ..... St.

Primary Registration District No. 2120 Registered No. 237

Hospital .....

FULL NAME OF CHILD Boan, Loran H.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Sept 21 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Boan	FULL MAIDEN NAME	Lillie Taylor
RESIDENCE	Ucon Ida	RESIDENCE	Ucon, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Vernal, Ut.	BIRTHPLACE	Loa, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Wist

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Registrar

Filed Oct 5 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 84763

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Boan	Loran W. Boan

Subscribed and sworn to before me this May
day of 23, 1945.

Otis Pulsen
Notary Public, residing at Vernal Utah
My commission expires Jan 9 1949
(SEAL)

Signed Vernon Wilson Boan
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Ouray Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Uintah } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of May, 1945.

Otis Pulsen
Notary Public, residing at Vernal Utah
My commission expires Jan 9 1949
(SEAL)

Signed Mac Boan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Vernal Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 8 1945

FEB 18 1947

415-216-010-242

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. R. F. D. #2 St.

Registration District No. 73 File No. 84764

Primary Registration District No. 210-0 Registered No. 234

Hospital

FULL NAME OF CHILD Mansfield

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Sept 16 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H. Mansfield	FULL MAIDEN NAME	Charlotte Berry
RESIDENCE	Ida. Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	England	BIRTHPLACE	Mercer, Utah
OCCUPATION	Farmer.	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

(Physician ~~or midwife~~)

Given names added from a supplemental report.

____ 19__

Address Idaho Falls

Filed Oct 5 1920 19__ W. Rimmard Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

749-205-010-769

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 73 File No. 84765

No. ..... St.

Primary Registration District No. 2100 Registered No. 231

Hospital .....

FULL NAME OF CHILD Purnell, Alice

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Sept 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leroy Purnell	FULL MAIDEN NAME	Eleanore Porter
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Preston, Ut.	BIRTHPLACE	Preston, Ut.
OCCUPATION	Machinist	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Oct 5 1920 W. Simmons
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 7 9 17 AM '74

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 84765

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Purnell (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 5, 1920 (Date of Event)
in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Jr. High Graduation Certif (Bible Record, Insurance Policy, Etc.) prepared on 23rd May, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Alice Purnell

Subscribed and sworn to before me this 15th day of January, 1974

Wayne Thomas Lee
Notary Public, residing at Salt Lake City, Utah
My commission expires March 7, 1977
(Seal)

Signed Eleanor P Lority (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

409 - 3rd Ave Salt Lake City, Utah 84103
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 1974

Wayne Thomas Lee
Notary Public, residing at Salt Lake City, Utah
My commission expires March 7, 1977
(Seal)

Signed Gladys R Snyder (cousin)
(Signature of Any Credible Person)

2790 E 3000 So Salt Lake City, Utah 84109
(Street Address, City, State)

FORM DH 60-155 CL 12/13/73 RUSH!!

FEB 8 1974

Certificate of birth from the LDS Church gives name as Alice Purnell born Sept. 5, 1920. Place of birth given as Ucon. Parent's names given as LeRoy Foster Purnell and mother's name given as Eleanor Shaffer Porter. Entered on record Oct. 3, 1920. Viewed by V. S.

Junior High Diplomas from Logan City Schook, Logan, Utah gives name as Alice Purnell. dated May 23, 1935. Viewed x by V. S.

455-103-010-249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 84766

Primary Registration District No. 2170 Registered No. 234

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Sept 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde Demott	FULL MAIDEN NAME	Clara Smith
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Grantsville, Ut.	BIRTHPLACE	Iona
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Oct 5 1920 W Kimmond
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

849-104-010-269

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Taylorsville

Registration District No. 73 File No. 84767

No. ..... St.

Primary Registration District No. 2150 Registered No. 233

Hospital .....

FULL NAME OF CHILD Quenton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\	\	\	Yes	Sept 4 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Quenton	FULL MAIDEN NAME	Ella Sorenson
RESIDENCE	Taylorsville, Ida.	RESIDENCE	Taylorsville, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bloomington, Ida.	BIRTHPLACE	Liberty, Ida.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Oct 5 1920 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

567-131-010-416

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

Registration District No. 73 File No. 84768

No. ..... St.

Primary Registration District No. 2170 Registered No. 232

Hospital .....

FULL NAME OF CHILD Vogel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Aug 31 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Vogel	FULL MAIDEN NAME	Mabel Dawson
RESIDENCE	Ida Falls, Ida	RESIDENCE	Ida Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Park City, Ut.
OCCUPATION	Painter	OCCUPATION	H.W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West Jr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Oct 5 1920 W Kennard Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-113
014-493

PLACE OF [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 84769

No. ..... St.

Primary Registration District No. 2005 Registered No. 255

Hospital Home

FULL NAME OF CHILD David Stanley Beebe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. S. Beebe	FULL MAIDEN NAME	Fanny Mutting
RESIDENCE	Wilder Idaho	RESIDENCE	Wilder Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Cheyenne	BIRTHPLACE	Goodman Mo
OCCUPATION	Wyo.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Idaho

Filed Nov. 19 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Amended 11-16-60

PLACE OF BIRTH

759-218-014-249

County of Canyon

City of Huston, R.F.D. #2

No. ..... St.

~~Hospital~~ At Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84770

Primary Registration District No. 2005 Registered No. 256

FULL NAME OF CHILD Viola Perkel

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 18, 1920

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: George W. Perkel	FULL MAIDEN NAME: Etta Smith
RESIDENCE: Huston, R. 2	RESIDENCE: Huston, R. 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Middleton, Idaho	BIRTHPLACE: Provost, Utah
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:00 P. M. on the date above stated.

(Signature) W. W. Bauer

M.D.

(Physician or midwife)

Address Box 17 - Wilder, Idaho

Filed Nov. 19, 1920 John S. Meyer

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 84770

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Viola Perkle (Name on Original Certificate) who was born (Was Born or Died) on October 18, 1920 (Date of Event) in Canyon county, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Viola Perkle	Viola Perkel
Father's Last Name	Perkle	George W. Perkel

Subscribed and sworn to before me this ..... day of November 5, 1940

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept 20, 1964

(Seal)

Signed Etta Perkel

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Wilder, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Teacher's Report Card to Parents, Canyon County, Idaho, May 20, 1927 promoted from 1st Grade to Second Grade, Letha Rose, Teacher - gives full name of student as Viola Perkel, George W. Perkel, father has signed the card - viewed by V.S.

Beneficial Life Insurance Policy, #188829, Jan. 7, 1939 gives full name as Viola Perkel, born Oct. 18, 1920 at Wilder, Idaho, beneficiares are given as George Ward Perkel, father and Etta Smith Perkel, mother - on Jan. 25, 1944 beneficiary was changed to Cecil Floyd Casper, Husband. - viewed by V.S.

452 - 205 - 014 - 855

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Steenlands

Registration District No. 9 File No. 84771

Primary Registration District No. 2005 Registered No. 257

FULL NAME OF CHILD HELEN ELIZABETH MESLER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		1	yes	Nov. (Month) 5 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Mesler Mesler	FULL MAIDEN NAME	Gertrude Henson
RESIDENCE	Caldwell -	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Verdon - Neb.	BIRTHPLACE	Goodland - Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell Idaho

Filed Nov. 23 - 1920 John S. Meyer

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84771

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 84771

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Messler (Name on Original Certificate) who born (Was Born or Died) on Nov 5th 1920 (Date of Event)
in Caldwell Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by certificate (Bible Record, Insurance Policy, Etc.) prepared on on file (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Messler	Mesler
Name	Unnamed	Helen Elizabeth

Subscribed and sworn to before me this 6th
day of June, 19 42

Notary Public, residing at Nampa Idaho
My commission expires June 1943
(Seal)

Signed Mrs. Gertrude M. Mesler mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 - Wilder Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 10 1942

JUN 12 1942

465 - 207 - 04 - 285

PLACE OF BIRTH name added 11-9-82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 413 Blaine St.

Hospital

Registration District No. 3

Primary Registration District No. 1005

File No. 84772

Registered No. 259

FULL NAME OF CHILD Carolyn Frances Donart

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 7 1920

FATHER

FULL NAME: Charles Franklin Donart

RESIDENCE: 413 Blaine St. Caldwell, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Lumberman

MOTHER

FULL MAIDEN NAME: Maud Fay Sheffield

RESIDENCE: 413 Blaine St. Caldwell, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. M. Kaley

M. D.

(Physician or ~~Midwife~~)

Address

Filed Oct. 9- 1920

John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-22-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS
NOV 1 2 51 PM '82

State of Idaho
County of Washington } ss.

Certificate No. 84772
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Donart (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 7, 1920 (Date of Event)

in Caldwell (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Carolyn Frances Donart

Subscribed and sworn to before me this 27th day of October, 1982
Notary Public Jolene Ottmenway
Residing at Cambridge
My commission expires 11-18-83
(Seal)

X Carolyn Frances Donart
Signature of Applicant (Wilkerson)
HC 68 Box 248 Cambridge, Ida 83610
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of October, 1982
Notary Public Jolene Ottmenway
Residing at Cambridge
My commission expires 11-18-83
(Seal)

May Collins
Supporting Signature
Cambridge Idaho 83610
Street Address, City, State

lcc pd

Marriage License from State of Idaho Dounty of Washington gives Leland Kenneth Wilkerson and Carolyn Frances Donart were married June 8, 1941. Viewed by V.S.

NOV - 9 1982

Birth Certificate for Charlotte Frances Wilkerson born 10-13-47 in Council to Leland Kenneth Wilkerson and Carolyn Frances Donart. Viewed by V.S.

395-108-014-796

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

No. R. # 2 St.

Hospital

Registration District No. 3 File No. 84773

Primary Registration District No. 2005 Registered No. 260

FULL NAME OF CHILD WARREN G. CREW

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male				Yes	Nov. 8 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: G.T. Crew	FULL MAIDEN NAME: Pearl Proctor
RESIDENCE: Huston, Idaho # 2	RESIDENCE: Huston, Idaho, # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Missouri
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.E. Dudley M.D.
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed Nov. 10 1920

John L. Meagher
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 84773

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Warren G. Crew

Subscribed and sworn to before me this 26th day of October, 1942

Marian E. Doss

Notary Public, residing at Boise Idaho

My commission expires 6-24-45

(Seal)

Signed G T Crew

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed _____ (Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 28 1942

696 - 209-014-268

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 84774

No. ..... St.

Hospital Home

Primary Registration District No. 2005 Registered No. 261

FULL NAME OF CHILD Charlotte Mae Frosig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Mike Frosig	FULL MAIDEN NAME	Nina Boyles
RESIDENCE	Wilder	RESIDENCE	Wilder
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Idaho

Filed Nov. 23 - 1920 John S. [illegible]
Registrar

MARGIN RESERVED FOR [illegible]NG.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1944

APR 3 1945

867-44-214-259

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84775

Primary Registration District No. 2005 Registered No. 262

FULL NAME OF CHILD JOHN ALEXANDER HOGG

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	4	Yes	Nov. 11 1920

FATHER		MOTHER	
FULL NAME	Francis T. Hogg	FULL MAIDEN NAME	Mary Burnett
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Bluffton, Ind	BIRTHPLACE	Kingland, Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:15 P.M. on the date above stated.

(Signature) J. M. Lee M.D.

(Physician or midwife)

Address Caldwell, Ida.

Filed Nov. 23-1920 John V. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

No. _____ Sex _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD: JOHN ALEXANDER HOGG

Sex of Child: Male

Twin Triplet or other? _____ and _____ Number in order of birth _____ Legitimate? Yes Date of Birth _____ (Month) _____ (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	[illegible]	FULL MAIDEN NAME	[illegible]
RESIDENCE	[illegible]	RESIDENCE	[illegible]
COLOR	[illegible]	COLOR	[illegible]
AGE AT LAST BIRTHDAY	[illegible] (Years)	AGE AT LAST BIRTHDAY	[illegible]
BIRTHPLACE	[illegible]	BIRTHPLACE	[illegible]
OCCUPATION	[illegible]	OCCUPATION	[illegible]

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ (Born alive or stillborn) at _____ (Hour) _____ (Date) _____ (Month) _____ (Year)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

(Physician or midwife)

Given names added from a supplemental report.

Address _____

19 _____

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84775

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hogg (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1920 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	John Alexander Hogg

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CANYON }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of NOVEMBER, 1966

Notary Public, residing at CALDWELL IDAHO

My commission expires 5-16-69

(Seal)

Signed Margaret Smith
(Signature of Any Credible Person)

R 6 Caldwell Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7-21-66. nm

Family Record Book gives name as John Alexander Hogg born Nov. 25, 1918 in Canyon County, Idaho. Record obviously old.
Father Francis Hogg and mother Mary Burnett.
Viewed by V. S.
Own childs birth certificate lists name of father as John Alexander Hogg
Birth of child Sept 15, 1949 Nampa, Idaho. # 49-15767
Viewed by V. S.

NOV 25 1966

251-111-014-5-19

PLACE OF BIRTH

County of Canyon

City of Wilder

No. Route 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84776

Primary Registration District No. 2005 Registered No. 263

FULL NAME OF CHILD Jesse Harold Beal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov. 11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Grover Cleveland Beal	Ethel Earwood
RESIDENCE	Wilder Route 1	Wilder, Route 1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Hopedale Illinois	Ogden, Illinois
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 35 P. M. on the date above stated.

(Signature) R. G. Young

Physician (Physician or midwife)

Address

Filed Nov. 22 1920 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-212-014-391

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 84777

No. — St.

Primary Registration District No. 1005 Registered No. 264

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 12 20

FATHER

FULL NAME: Archie Phillips

RESIDENCE: Caldwell, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Mechanic

MOTHER

FULL MAIDEN NAME: Johanna Liatard

RESIDENCE: Caldwell, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Nevada

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:35 A M. on the date above stated.

(Signature) S. P. Dudley M.D.

(Physician or midwife)

Address

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Nov. 13 1920 John L. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1968

365-118-014-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon

CERTIFICATE OF BIRTH

City of Caldwell

Registration District No. 3 File No. 84778

No. Logan St.

Primary Registration District No. 2005 Registered No. 265

Hospital

FULL NAME OF CHILD CLIFFORD DUDLEY LOVEJOY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				Yes	Nov	13	20

FATHER		MOTHER	
FULL NAME	Ralph V. Lovejoy	FULL MAIDEN NAME	Laura J. Burley
RESIDENCE	Kuna, Idaho	RESIDENCE	Kuna, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:05 P M. on the date above stated.

(Signature) S.E. Dudley M.D.

(Physician or midwife)

Address

Filed Nov. 16 1920 John V. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB [illegible] 42

DECEASED

449-115-014-133

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1011 Elgin St.

Hospital

Registration District No. 3 File No. 84779

Primary Registration District No. 1005 Registered No. 266

FULL NAME OF CHILD Warren Clayton Durham

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	7"	yes	Nov. 15 1920

FATHER		MOTHER	
FULL NAME	Henry C. Durham	FULL MAIDEN NAME	Julie P. Allen
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47.	AGE AT LAST BIRTHDAY (Years)	37.
BIRTHPLACE	Kentuckey	BIRTHPLACE	Mo.
OCCUPATION	Contractor	OCCUPATION	Housewife.

Number of child of this mother, including present birth Seven Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 12:30 A.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Caldwell Ida.

Filed Nov. 16th 1920 John L. Meyer
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 84779

County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of 11/15/20 birth (BIRTH OR DEATH)

for Warren Clayton Durham (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 11-15-20 (DATE OF EVENT)

in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 1, 1937 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
mis-spelled last name	DERHAM	DURHAM
First name	Omitted	Warren Clayton Durham

Subscribed and sworn to before me this 16 day of January, 19 42

Mabel S Clore

Notary Public, residing at Caldwell, Idaho

My commission expires Jan. 18, 1946

(SEAL)

Signed H. C. Durham

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1820 Elgin St, Caldwell Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of January, 19 42

Mabel S Clore

Notary Public, residing at Caldwell, Idaho

My commission expires Jan. 18, 1946

(SEAL)

Signed Mrs J. Ed Miller

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1401 Albany St Caldwell, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

215-216-014-632

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 84780

Primary Registration District No. 1005 Registered No. 267

FULL NAME OF CHILD Josie Sanderson

Sex of Child Female	Single, Triplet or other? and Number in order of birth 6 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion A. Sanderson	FULL MAIDEN NAME	Alvina Oakey
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	white AGE AT LAST BIRTHDAY 33 (Years)	COLOR	white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Santiquin Utah	BIRTHPLACE	Eureka Utah
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on above date at 8 a.m. on the date above stated. (Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed Nov. 19 1920 John S. Mayes Registrar

Registrar

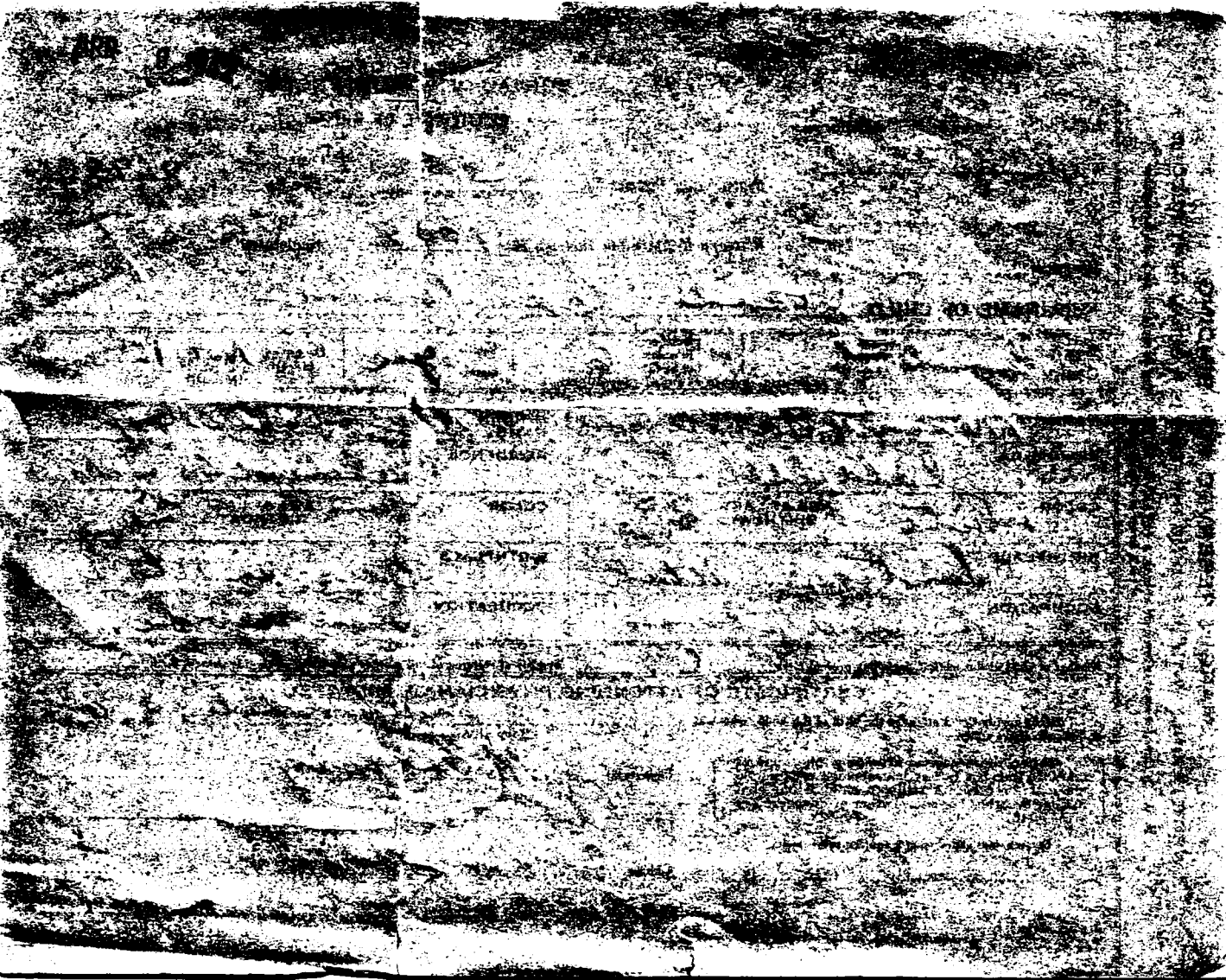
8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



S17-216-014-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Mynatt

Registration District No. 3 File No. 84781

Primary Registration District No. 2005 Registered No. 268

FULL NAME OF CHILD Barbara Nagel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		1	yes	Nov. 16 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Ross Nagel	FULL MAIDEN NAME	Ella V. Chanthe
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Milwaukee
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Caldwell, Ida.

Filed Nov. 23-1920- John L. Myers

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

296-116-014-749

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 610 Filmore St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84782

Primary Registration District No. 2005 Registered No. 269

FULL NAME OF CHILD Orville Kenneth Brody

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 16 1920

FATHER		MOTHER	
FULL NAME	O.K.Brody	FULL MAIDEN NAME	Ellen Gurwell
RESIDENCE	6th & Filmore St, Caldwell, Idaho	RESIDENCE	6th & Filmore St. Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Stage Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.M.Cole

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov. 18 1920 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 19

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 27 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 84782

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Brody (male child) who was born on Nov. 16, 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Caldwell, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by ..... prepared on ..... are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Orville Kenneth Brody
~~Child's Date of Birth~~	~~Nov. 16, 1920~~	~~November 20, 1920~~

Subscribed and sworn to before me this 27 day of September, 19 66

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed Julene Brody
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10-26-65. nm

SEP 27 1986

Honorable Discharge from Army of the United States issued Feb. 7, 1946
J. Willard Wagner, Lieutenant Col. lists name as Orville Kenneth Brody born Nov. 16, 1920.
Viewed by V. S.
Application for Metropolitan Life Ins Co. gives name as Orville Kenneth Brody born Nov. 16, 1920. Policy issued July 3, 1946.
Viewed by V. S.

286 - 217-014 - 364

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 10/4/76

84783

County of Canyon

City of Caldwell

No. 717 Albany St.

Hospital

Registration District No. 3 File No.

Primary Registration District No. 2005 Registered No. 278

FULL NAME OF CHILD Betty Eileen Shorb

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 17 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Cormac Joseph Shorb, Jr.,	FULL MAIDEN NAME: Jessie Ferne Tomlinson
RESIDENCE: 717 Albany St. Caldwell, Idaho	RESIDENCE: 717 Albany St. Caldwell, Idaho
COLOR: White AGE AT LAST BIRTHDAY 23 (Years)	COLOR: White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Wash.
OCCUPATION: Printer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:17 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.M.Kaley

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Nov. 18 - 1920

John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1971

2-26-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 4 10 44 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 84783

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Betty Ilene Shorb (Name on Original Certificate) who was bprm (Was Born or Died) on Nov. 17, 1920 (Date of Event)

in Caldwell Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Betty Ilene Shorb	Betty Eileen Shorb

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October, 1976

[illegible] L. Shaffer

Notary Public, residing at Caldwell

My commission expires 12/31/76

(Seal)

Signed Rana E. McCollum
(Signature of Any Credible Person)

1209 Main St. Caldwell, Idaho
(Street Address, City, State)

FORM DH 60-155 Correction Corresp. (s)

Marriage License issued by the State of Idaho 25 November 1941 gives name of bride as Betty Eileen Shorb. viewed by V.S.

OCT 4 1976

Passport issued by the Department of State May 24, 1950 gives name as Betty Eileen Lentz. viewed by V.S.

792-220-014-445

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Weiser

Registration District No. 3 File No. 84785

No. ..... St.

Primary Registration District No. 2005 Registered No. 272

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 20 1920

FATHER		MOTHER	
FULL NAME	J. V. Gibson	FULL MAIDEN NAME	Maud Munn
RESIDENCE	Weiser Ida	RESIDENCE	La Grand Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Union Co Ore.	BIRTHPLACE	La Grand Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 05 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A V Mock MD

(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 23- 1920 John S. Meyer.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-122-014-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

amended 1/29/79

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

~~City of~~ Huston

No. R. #1 St.

Hospital

Registration District No. 3 File No. 84786

Primary Registration District No. 2005 Registered No. 273

FULL NAME OF CHILD Harold Owen Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	H.W.Williams	FULL MAIDEN NAME	Nettie G. Warn
RESIDENCE	Huston, Idaho, R.#1	RESIDENCE	Huston, Idaho. #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.M.Cole
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov. 24 - 1920

John S. Mayes
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 84786
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Williams (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 22, 1920 (Date of Event)

in Huston Idaho (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Harold Owen Williams
mother's maiden name	Nettie G. Wain	Nettie G. Warn

Subscribed and sworn to before me this 29th day of January, 1979.

Notary Public, Glenda M Larson
Residing at Boise Idaho
My commission expires Lifetime
(Seal)

Harold Owen Williams
Signature of Applicant

1935 N. 15th St
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ek 1/29/79

Mother's death certif on file in Idaho #133062 gives name as Nettie Grace Williams died March 6. 1943. in Boise, Idaho. father's nameas John F. Warn. viewed by V. S.

Child's birth certificate issued 10/29/68 gives name of father as ~~viewed by V.S.~~ Harold Owen Williams. viewed by V.S.

Discharge papers issued by Army of the United States gives name as Harold O. Williams. viewed by V.S.

Brother's birth certificate, Chester Arthur Williams, born November 19, 1913, in Ada County, Idaho (S.F.#18396) lists father as Hirum W. Williams and mother as Nettie Grace Warn.
viewed by vs January 29,1979

693-122-014-799

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R. # 3 St.

Hospital

Registration District No. 3 File No. 84787

Primary Registration District No. 2005 Registered No. 274

FULL NAME OF CHILD Chester Dudley Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 22 1920

FATHER	MOTHER
FULL NAME: Eugene Williams	FULL MAIDEN NAME: Clara M. Price
RESIDENCE: Caldwell, Idaho, R. # 3	RESIDENCE: Caldwell, Idaho R. # 3
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Missouri
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S[illegible]ley

[illegible].D.

[illegible]idwife)

Addr[illegible]

Given names added from a supplemental report.

19

Filed [illegible] John W. Meyers
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Ada)

Certificate No. #8487

Date Filed 11-24-1920

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Williamson who was born on Nov 22, 1920 in Caldwell, Ida. are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Father & Mother prepared on Sept 9, 1941 are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed	Chester Dudley
		Williamson
		Male
		White

Subscribed and sworn to before me this 9 day of September 1941

Signed Clara M. Williamson (Mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public Dorothy M. Gray

Residing at Boise, Idaho

Box 643 - Nampa, Idaho
(Street address, City, State)

My commission expires October 26, 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of .....)
)ss
County of .....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19..

Signed .....
(Signature of any credible person other than the previous affiant.)

Notary Public .....

Residing at .....
(Street address, City, State)

My commission expires .....

(SEAL)

JUL 24 1953

795-124-014-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell,

No. ..... St.

Hospital Yes

Registration District No. 3 File No. 84788

Primary Registration District No. 2005 Registered No. 275

FULL NAME OF CHILD Samuel Fredrick Greenfield, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov, 24, 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Fredrick Samuel ~~Frederick~~ Greenfield	FULL MAIDEN NAME Catherine Louisa Carrier
RESIDENCE Middleton, Idaho	RESIDENCE Middleton, Idaho
COLOR White AGE AT LAST BIRTHDAY 46 (Years)	COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Penn.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.M.Kaley

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Nov. 25 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 84788

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Greenfield (Name on Original Certificate) who born (Was Born or Died) on Nov. 24, 1920 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Samuel Fredrick Greenfield, Jr
First name of father	Samuel Frederick	Samuel Fredrick
Number of Children	First	Second

Subscribed and sworn to before me this 21 day of Sept, 1942

W. B. Joy

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45

(Seal)

Signed Samuel Fredrick Greenfield Jr

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 1 1942

MAR 18 194

YEAR: 1920

FILE # 84789

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-84789 A & B TWINS

231-224-014-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

County of Canyon

City of Caldwell

Registration District No. 3 File No. 84789

No. R 2 St.

Primary Registration District No. 2005 Registered No. 276

Hospital

FULL NAME OF CHILD Fern Evelyn Blakey

Sex of Child	Twin–Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	2		3	Yes.	Nov. 24 1920

FATHER	MOTHER
FULL NAME: Henry Blakey	FULL MAIDEN NAME: Elsie Siebert
RESIDENCE: Caldwell, Route 2	RESIDENCE: Caldwell - Route 2.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Jackson - Minn.	BIRTHPLACE: Amboy - Minn.
OCCUPATION: Farmer -	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 P. M. + 3:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lee M. D.

(Physician or midwife)

Address Caldwell. Ida.

Given names added from a supplemental report.

19

Registrar

Filed Dec. 2 1920 John L. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. MAR 2 1946 File No. 84789

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate	Date of Birth	Time	Year
	(To be answered only in event of plural birth)						

	FATHER	MOTHER
FULL NAME		
RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		
OCCUPATION		

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, or should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Sign

Address

Filed

Registrar

Registrar

Z-TWINS A+B

WHICH IS A

231-224-014-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

County of Canyon

City of Caldwell

Registration District No. 3 File No. 84789

No. R 2 St.

Primary Registration District No. 2005 Registered No. 276

Hospital

FULL NAME OF CHILD Fern Evelyn Blakey

Sex of Child	Twin–Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	2		3	Yes.	Nov. 24 1920

FATHER	MOTHER
FULL NAME: Henry Blakey	FULL MAIDEN NAME: Elsie Siebert
RESIDENCE: Caldwell, Route 2	RESIDENCE: Caldwell - Route 2.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Jackson - Minn.	BIRTHPLACE: Amboy - Minn.
OCCUPATION: Farmer -	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 P. M. + 3:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lee M. D.

(Physician or midwife)

Address Caldwell. Ida.

Given names added from a supplemental report.

19

Registrar

Filed Dec. 2 1920 John L. Meyer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. MAR 2 1946 File No. 84789

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate	Date of Birth	Time	Year
	(To be answered only in event of plural birth)						

	FATHER	MOTHER
FULL NAME		
RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		
OCCUPATION		

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, or should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Sign

Address

Filed

Registrar

Registrar

Z-TWINS A+B

WHICH IS A

366 - 225-014 - 234

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwe l

Registration District No. 3 File No. 84790

No. 1408 Dearborn St.

Primary Registration District No. 1005 Registered No. 277

Hospital

FULL NAME OF CHILD Delores Edith Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 25 1920

FATHER	MOTHER
FULL NAME: James H.Cook	FULL MAIDEN NAME: Anna Henrietta Stull
RESIDENCE: 1408 Dearborn St. Caldwell, Idaho	RESIDENCE: 1408 Dearborn St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: California
OCCUPATION: Bookeeper	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. M. Kaley
M.D.
(Physician or midwife)

Address

Filed Nov. 27 19 20 John J. Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1972

861-230-014-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Huston R St. 1

Registration District No. 3 File No. 84791

Primary Registration District No. 2005 Registered No. 278

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	1		1	yes	Nov. 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William L. Hoagland	FULL MAIDEN NAME	Clara Wattman
RESIDENCE	Huston - R-1 ~~Caldwell~~ - Ida.	RESIDENCE	Huston Ida ~~Caldwell~~ - R. 1-
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Hagerman - Ida.	BIRTHPLACE	Nampa - Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Caldwell - Ida.

Filed Dec. 2 - 1920 John P. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 84791

Primary Registration District No. _____ Registered No. _____

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

FULL NAME OF CHILD _____

Sex of Child _____ Twin Triplet or other? _____ and Number in order of birth _____ Legitimate? _____ Date of Birth _____ (Month) _____ (Day) _____ (Year)

(To be answered only in event of plural births.)

	FATHER		MOTHER
FULL NAME		FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY _____ (Years)	COLOR	AGE AT LAST BIRTHDAY _____ (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at _____ M. on the date above stated.

When there was no attending physician or midwife than the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Given names added from a supplemental report.

Address _____

Filed _____ 19__

Registrar _____ Registrar

851-207-014-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 84793

Primary Registration District No. 2005 Registered No. 280

FULL NAME OF CHILD Stella Cordellia Heath

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 7. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy S. Heath	FULL MAIDEN NAME	Louise Davey
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.B. Dudley
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec. 8 - 1920 John S. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 25 9 27 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 84793

County of [illegible] Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Heath (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 7, 1920 (Date of Event) in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by The undersigned was present at birth (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Stella Cordellia Heath

Subscribed and sworn to before me this 16th day of [illegible] 19[illegible]

[illegible]

Notary Public, residing at [illegible] Idaho

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1978

Notary Public, residing at Bliss, Idaho

My commission expires Dec 22 1980

(Seal)

Signed Elsie G. Ruberry

(Signature of Any Credible Person)

716 E. Arthur Glenns Ferry, Idaho

(Street Address, City, State)

FORM DH 60-105

CL 5/9/77 nm

Statement by Midwife, Wilma Louise Heath Brooks gives child name as Stella Cordelia Heath on December 7, 1920, to Guy S. Heath and Louise Davey. Viewed by V.S.

Application for the Elmore County Benevolent Society gives name as Stella C. Heath age 12 recommended by Afton Davenport on June 1, 1933. Viewed by V.S.

School Census Marshal's Report issued by the County Clerk of Elmore County gives name as Stella Heath Age 6, when Census was taken in Sept. of 1927, for District # 7 of the Elmore County Schools. Father is listed as G. S. Heath Viewed by V.S.

854-102-014-695

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

Form V. S. ~~No. 11-25~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 8479

Primary Registration District No. 2007 — Registered No. 85

Full Name of Child Robert Lee Hedges

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov. 2 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Herbert L. Hedges	FULL MAIDEN NAME	Annie Winnings
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell
(Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Parma

Filed 11-6 1920 Lulu Walchof Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-222-014-315

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 84795

No. ..... St.

Hospital Mercy Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Mary Martha Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 22 1920

FATHER	MOTHER
FULL NAME: Franklin E. Wilson	FULL MAIDEN NAME: Aline Margery Lovelly
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Washington
OCCUPATION: Well Drilling	OCCUPATION: House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2, 45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, or other person should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec. 10 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281 - 206 - 014 - 295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 84796

No. ..... St.

Primary Registration District No. 2004 Registered No. .....

Hospital .....

FULL NAME OF CHILD Shank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec. 6 1920

FATHER	MOTHER
FULL NAME: Jacob B. Shank	FULL MAIDEN NAME: Laura E. King
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Ohio
OCCUPATION: Poultry Raiser	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Proctor
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec. 15 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-216-014-132

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Melba

Registration District No. 7 File No. 84797

No. ____ St.

Primary Registration District No. 2006 Registered No. ____

Hospital ____

FULL NAME OF CHILD Myrtle Agnes Cason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10-16-1920

FATHER		MOTHER	
FULL NAME	James Orval Cason	FULL MAIDEN NAME	Iva Janet Allred
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Samuel A Swayne, M.D.

Melba, Idaho
(Physician or midwife)

Address ____

____ 19____

Registrar

Filed Dec. 10 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 3 194

419-214-014-666

(Be sure the information is complete and accurate)

Amended 5-15-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84798
Local Reg. No.
Reg. Dist. No. 7

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nampa

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Jimmie b. (Middle): Rae c. (Last): Marsh

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 14, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Otis b. (Middle): c. (Last): Marsh

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Iowa

10. USUAL OCCUPATION: Well Driller

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lola b. (Middle): c. (Last): Woodward

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Missouri

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Leo W. Chilton, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Nampa, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 10, 1920

22. REGISTRAR'S SIGNATURE: Pearle Dodds

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...ACH record by permits issued upon in completing this certificate. Address ...e district where the birth occurred WITHIN 10 days after the date of birth of the child. ...D OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH 5-1-67

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

State of Idaho } ss. MAY 15 1967 Certificate No. 84798

County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jennie Ray Marsh (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1920 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Jennie Ray	Jimmie Rae

Subscribed and sworn to before me this 11th day of May, 1967

Notary Public, residing at Nampa, Idaho

My commission expires 6-8-70

(Seal)

X Signed Lala Marsh "Mother"

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

115-14th Ave. No., Nampa, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1967

Notary Public, residing at Nampa, Idaho

My commission expires 6-8-70

(Seal)

Signed Pauline M. Boicourt Sister

(Signature of Any Credible Person)

316 Johnson Ave. Nampa Idaho

(Street Address, City, State)

FORM DH 60-155

2 cps pd rec. 12880

Bpti
Baptismal Record gives name as Jimmie Rae Marsh daughter of
Otis Hickman Marsh and Lola Woodward Marsh. Baptized Dec. 13, 1959 in the
All Saints Episcopal Church
Viewed by V. S.

Certificate of birth of own child gives name of mother as Jimmie Rae Marsh
Child born July 24, 1939 in Caldwell, Idaho. Certificate # 282448.
Viewedby V. S.

154-115-014-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R. F. D. St.

Hospital

Registration District No. 7

File No. 84799

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD EARL RUDOLPH ANDERSEN

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nels P Andersen SEN	FULL MAIDEN NAME	Flora E. Jacobson ON
RESIDENCE	R. F. D. Caldwell	RESIDENCE	R. F. D. Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F B Smith M D
Ry. AR
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec. 1 1920 Pearle Dodds
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1942

MAY 1 1942

AUG 24 1943

OCT 9 1956

364 - 118-014-381

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of ..... Registration District No. 7 File No. 84800

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Floyd Thomas Tomlinson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11 – 18 – 1920

FATHER	MOTHER
FULL NAME Thomas Fielder Tomlinson	FULL MAIDEN NAME Dora Ellen Chapman
RESIDENCE Melba, Ida. 6 mi N.	RESIDENCE Melba, Ida. 6 mi. N.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas.
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Samuel A Swayne M.D.

(Physician or midwife) Melba, Ida.

Address .....

Filed Dec. 18 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 17 1964

863-108-014-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84801

County of Canyon

City of Melba

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2004 Registered No.

Hospital

FULL NAME OF CHILD Gerald Edward Hochbaum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	11 – 6 – 1920

FATHER	MOTHER
FULL NAME Ferdinand Herman Hochbaum	FULL MAIDEN NAME Fern Wilhemenia Johnson
RESIDENCE Melba, Id	RESIDENCE Melba, Id
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Ohio
OCCUPATION Auto Mechanic	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at – 3 – P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel J. Swayne, M.D.

Melba, Id.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec. 5 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted]

NOV 16 1942

146 - 219 - 014 - 265

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 1509 - 2nd Ave So St.

Hospital —

Registration District No. 7

Primary Registration District No. 2332

File No. 84803

Registered No.

FULL NAME OF CHILD ~~Not named~~ DORIS ANN AMOUREUX

Sex of Child female | Twin Triplet or other? — (To be answered only in event of plural births) | and | Number in order of birth —

Legitimate? yes

Date of Birth Nov 19 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Wm J. Amoureux

RESIDENCE Nampa Ida

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Doris Sweetland

RESIDENCE Nampa Ida

COLOR White

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Nevada

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chilton MD (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report. 19

Filed Dec. 13 1920 Pearl Dodds Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

OCT 8 1943

Certificate No. 84803

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Doris Ann Aoureix (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1920 (Date of Event)
in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by statement of her mother (Bible Record, Insurance Policy, Etc.) prepared on October 5, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Amourex	Amoureux
Name	Unnamed	Doris Ann
Doris Ann		

Subscribed and sworn to before me this 5
day of October, 1943.

Signed Doris L Amoureux
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Portland-17-Ore.

My commission expires July 15, 1947
(Seal)

1880- S W 5th. Ave Portland Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of October, 1943

Signed F W Whiting MD
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Portland Ore

My commission expires July 15 '47,
(Seal)

1880- S W 5th. Ave Portland Ore
(Street Address, City, State)

OCT 24 1960

OCT 13 1943

612 - 215-014 - 3/4

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 84804

Primary Registration District No. 2006 Registered No. .....

Full Name of Child FRANCES LaVON Wakefield

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl	X	X	Yes	Nov 15 20

FATHER

FULL NAME Wallace H. Wakefield

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leona Lamont

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 10 1920 Pearle Dodds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 2 2 1944

AUG 2 1 1946

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 84804

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	None given	Frances LaVon Wakefield

Subscribed and sworn to before me this 23d. day of August, 1946

Signed Wallace H. Wakefield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public residing at Hamer Idaho

My commission expires Sept. 8 - 1946
(Seal)

Wallace Orchard Ranch
(Street Address, City, State) Hamer Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

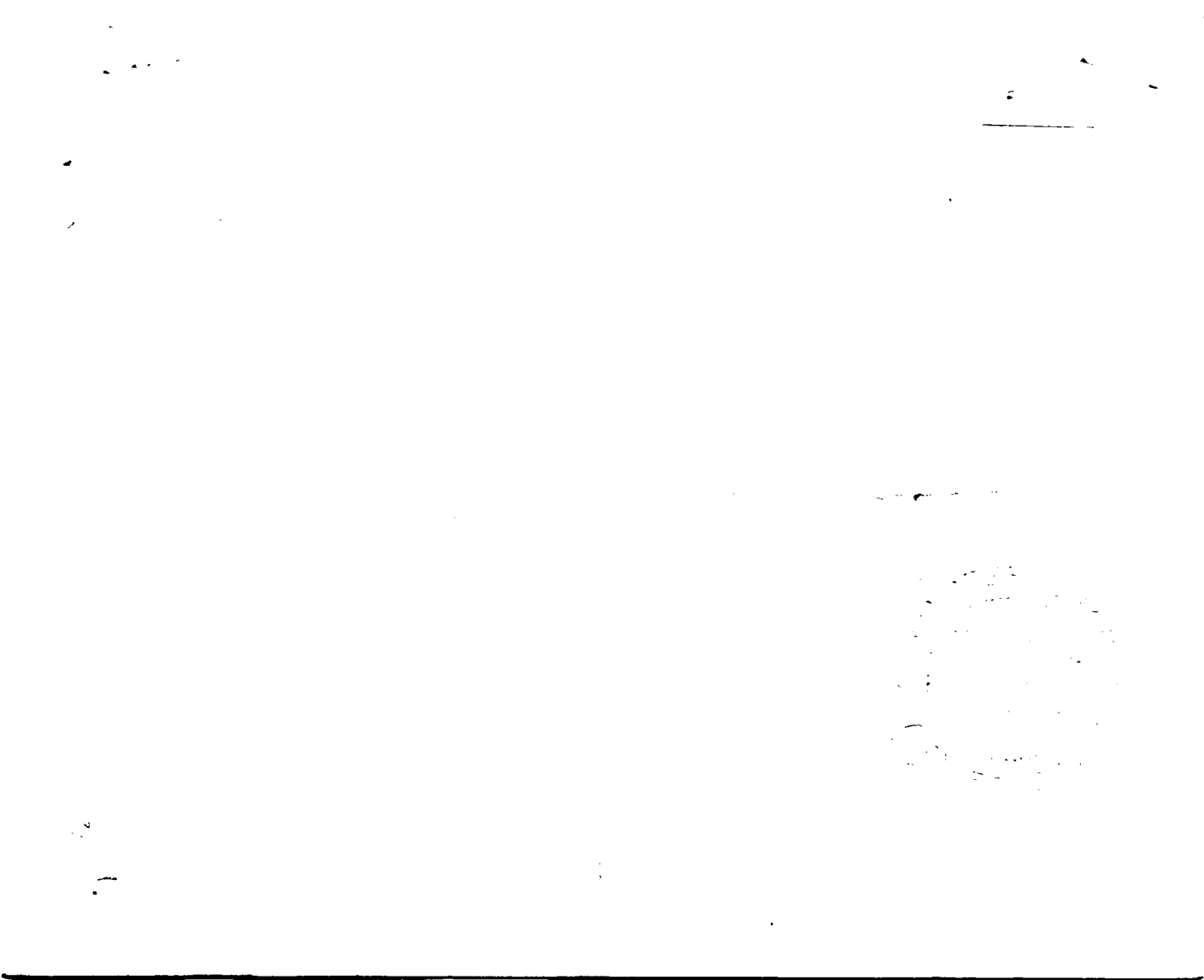
Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

(Street Address, City, State)

My commission expires .....
(Seal)



312-220-014-514

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No. 7

File No. 84805

Primary Registration District No. 2006

Registered No.

FULL NAME OF CHILD Fern Charleen Tabor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov. 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Madison Tabor	FULL MAIDEN NAME	RD 3 Nampa
RESIDENCE	R.D. 3 Nampa	RESIDENCE	Beulah May Frances Schryack
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Rancher's Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec. 1 1920 Pearle Dodds

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-109-014-753

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of ..... Registration District No. 7 File No. 84806

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Herschel Matthew Cummins, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	11 - 4 - 1920

FATHER		MOTHER	
FULL NAME	Herschel Matthew Cummins	FULL MAIDEN NAME	Ruth Prettyman
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas.	BIRTHPLACE	Wyoming
OCCUPATION	Pharmacist	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 - 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A. Cummins M.D.

Melba, Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec. 8 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1945

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217 - 210 - 014 - 553

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. 7 File No. 84807

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edith Eline Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	11 - 10 - 1920

FATHER		MOTHER	
FULL NAME	William Redfield Bates	FULL MAIDEN NAME	Audrey Effie Nelson
RESIDENCE	Melba, Id. 6 mi S.	RESIDENCE	Melba, Id. 6 mi. S.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne, M.D.

Melba, Id.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec. 8 1920 Pearle Dodds
Registrar

235-113-014-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Registration District No. 7 File No. 84808

Primary Registration District No. 2006 Registered No. ____

Hospital ____

FULL NAME OF CHILD "Billy" Stephens WILLIAM SILAS STEPHENS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov. 13 1920

FATHER	MOTHER
FULL NAME Amos Russell Stephens	FULL MAIDEN NAME Anna Elizabeth Andrews
RESIDENCE R.F.D. 5 Nampa	RESIDENCE R.D. 5 Nampa
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Rancher's Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Dec. 1 1920 Pearle Todd Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12-42

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Malheur } ss.

Certificate No. 84808

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Billy Stephens	William Silas Stephens

Subscribed and sworn to before me this 12th day of March, 1942

Percy Purvis
Notary Public, residing at Vale, Oregon
My commission expires 1-2-1945
(Seal)

Signed Amos P Stephens Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Vale, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Malheur } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1942

Percy Purvis
Notary Public, residing at Vale, Oregon
My commission expires 1-2-1945
(Seal)

Signed Joe L Alvarado
(Signature of Any Credible Person Other Than Previous Year)

Vale, Oregon
(Street Address, City, State)

SEP 27 1944

367-207-014-864

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 7 — File No. 84809

No. ____ St.

Hospital Mercy — Primary Registration District No. 2006 — Registered No. ____

FULL NAME OF CHILD Winifred Amelia Copenhaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Clyde Copenhaver	Kathleen Young
RESIDENCE	Nampa R. D #4	Nampa R D #4
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	17
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor M.D.
(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report.

19____

Registrar

Filed DEC. 10 1920 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH 3-13-67

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

BUREAU OF VITAL STATISTICS
FEB 22 2 41 PM '70

State of ..... } ss.
County of ..... }

Certificate No. 84809

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Unnamed Copenhaver (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1920 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Winifred Amelia

Subscribed and sworn to before me this 13 day of March, 1967

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of February, 1970

Notary Public, residing at Nampa, Ida.

My commission expires 9 June 1980

(Seal)

Signed Julia Young Newman
(Signature of Any Credible Person)

1234 State St. Nampa, Idaho 83651
(Street Address, City, State)

Form PH 60-155

Church Record issued by the First United Methodist Church of Nampa, Idaho gives name as Winifred Amelia Copenhaver and shows that she was born December 7, 1920 and Baptized April 16, 1922. Evelyn Beckvar, Membership Secretary
Viewed by V.S.

School Record issued by the High School of Nampa Public Schools gives name as Winifred Amelia Copenhaver. School Transcript issued 1977. Graduated May 18, 1939.from Junior-Senior High School.
Viewed by V.S.

542-223-014-239

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 7

Primary Registration District No. 1006

File No. 84811

Registered No. _____

Full Name of Child Lorraine Virginia Embrey

SEX OF CHILD: Girl	Twin, Triplet or other? (To be answered only in event of plural births): X	and Number in order of birth: 1	Legitimate? yes	DATE OF BIRTH: Sept 23 (Month) (Day) 20 (Year)

FATHER

FULL NAME: Chas. M. Embrey

RESIDENCE: Nampa Ida

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Texas

OCCUPATION: R R Brakeman

MOTHER

FULL MAIDEN NAME: Alma G Stine

RESIDENCE: Nampa Ida

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 1/2 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E H Murray M D

(Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec. 10 1920 Pearle Dodds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

OCT 6 1967

2-74-127-014-915

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 7 — File No. 84812

No. ____ St.

Hospital ____ — Primary Registration District No. 1806 — Registered No. ____

FULL NAME OF CHILD Spurlock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov. 27 1920

FATHER	MOTHER
FULL NAME: Chas. W. Spurlock	FULL MAIDEN NAME: Mable E. Ranker
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: white — AGE AT LAST BIRTHDAY: 35 (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Repair Man	OCCUPATION: House wife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present births 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

____ 19____

Address ____

Registrar

Filed Dec. 10 1920 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293 - 207 - 014 - 249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa — Registration District No. 7 — File No. 84813

No. ____ St.

Hospital ____ — Primary Registration District No. 1004 — Registered No. ____

FULL NAME OF CHILD IRMA BELLE Billick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov 7 1920

FATHER		MOTHER	
FULL NAME	Edwin H. Billick	FULL MAIDEN NAME	Celia Mable Smith
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	P. O. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A.M. on the date above stated.

(Signature) Geo. R. Proctor

(Physician or midwife)

Address ____

Filed Dec. 10 1920 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 8K813

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No Name	~~Irma Billick~~ Irma Belle Billick

Subscribed and sworn to before me this 10th day of April, 1943

Notary Public, residing at Marsing, Idaho

My commission expires Aug. 4 - 1943
(Seal)

Signed Celia M. Billick.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 414 - Nampa Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

APR 15 1943

APR 1 1952

251-110-014-499

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 84814

No. ____ St.

Hospital Mercy

Primary Registration District No. 1666 Registered No. ____

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	12 10 1920

FATHER		MOTHER	
FULL NAME	Howard B. Deane	FULL MAIDEN NAME	Maud Driver
RESIDENCE	Loose via Terrace Nampa	RESIDENCE	Same as husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Texas
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

(Signature) Leo W Chilton M.D.

(Physician or midwife)

Address Nampa Idaho

Filed Dec. 5 1920 Pearle Dodds
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Cou[redacted]

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 7 File No. 84815

No. ..... St.

Hospital Nazarene

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Cyril Deroy Hatfield

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			4th	yes	Nov (Month) 8 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marcus Agustus Hatfield	FULL MAIDEN NAME	Berlie Maud Bailey
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Springfield Ohio	BIRTHPLACE	Butler Mo
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. E. Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Idaho

Filed Dec. 10 1920 Pearle Dodds
Registrar.

Registrar.

[redacted]

SEP 2 1958

SEP 23 1952

997-226-014-513

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Nazarene

Registration District No. 7 File No. 84816

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Elizabeth Rosalee Rigast.

Sex of Child female | Twin Triplet or other? and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adolph Rigast	FULL MAIDEN NAME	Jannie Valhner
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white AGE AT LAST BIRTHDAY 33 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Bonsk Latzya	BIRTHPLACE	Chicago Ill
OCCUPATION	Teacher manual training	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. E. Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa

Filed Dec. 10 1920 Pearle Dodds
Registrar.

Registrar.

269-123-014-985

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Kurtz Add. St.

Hospital

Registration District No. 7 File No. 84817

Primary Registration District No. 1006 Registered No.

FULL NAME OF CHILD ~~[illegible]~~ JOHN WILLIAM BORNSTEDT

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov 23 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Bornstedt	FULL MAIDEN NAME	Teresa Ruegg
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Oregon
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chelton M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Dec. 10 1920 Pearle Bidd

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Wallowa }

JAN 2 6 1942

Certificate No. 84817

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for John William Bornstedt (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 23, 1920 (DATE OF EVENT) in Canyon County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge of affiant, mother of registrant. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not named	John William Bornstedt

Subscribed and sworn to before me this 22 day of January, 1942

Notary Public, residing at Enterprise, Oregon

My commission expires Jan. 7, 1944 (SEAL)

Signed Teresa Bornstedt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Enterprise, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Wallowa }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 1942

Notary Public, residing at Enterprise, Oregon

My commission expires January 7, 1944. (SEAL)

Signed Theodore Allyn Bornstedt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Enterprise, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

JAN 31 1942

795-102-314-381

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 142 204 4th St No St.

Registration District No. 7 File No. 84818

Primary Registration District No. 1006 Registered No.

Hospital —

FULL NAME OF CHILD Orin Ray Givens

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	12 (Month) - 2 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Givens	FULL MAIDEN NAME	Carrie Chapman
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Cleaning & Pressing	OCCUPATION	Housewife

Number of child of this mother, including present birth 0 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 45 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chilton M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Dec. 10 1920 Pearle Dodd

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1966

APR 27 1962

2 1956

713-223-014-755

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Lakeview Terrace

Hospital

Registration District No. 7

Primary Registration District No. 1006

File No. 84819

Registered No.

Full Name of Child MARGARET LAVINA Patterson

SEX OF CHILD: Girl	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Nov (Month) 23 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Edward L Patterson	FULL MAIDEN NAME: Jewel Peebles
RESIDENCE: Nampa Ida	RESIDENCE: Nampa Ida
COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Oklahoma
OCCUPATION: Transferman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:18 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

..... J ..... 19.....

Address Nampa Ida

Registrar

Filed Dec 10 1920 Pearle Dodds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 84819

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 23, 1920 (DATE OF EVENT)

in Nampa, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Margaret Lavina Patterson

Subscribed and sworn to before me this 27 day of April, 1942

Harold J. de Meyer

Notary Public, residing at Mount Vernon

My commission expires March 25, 1946

(SEAL)

Signed Minnie Jewell Patterson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

708 Dearborn Caldwell Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Skagit }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of April, 1942

Harold J. de Meyer

Notary Public, residing at Mount Vernon

My commission expires March 25, 1946

(SEAL)

Signed Edward L. Patterson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

708 Dearborn Ave Caldwell Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

814-218-014-213

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct Registration District No. 3 File No. 84820

No. ● St.

Primary Registration District No. 2007 Registered No. 84

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Eila Dean Hamilton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem	—		—	yes.	Oct 18 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer R. Hamilton	FULL MAIDEN NAME	Leona Bates
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Cal.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Parma

Filed Dec 1 1920 Luly Waldrop

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-103-014-235

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Applevalley precinct

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2007

File No. 84821

Registered No. 85

Full Name of Child Gordan Keith Correll

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
m.	—		—	yes.	Nov 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. H. Correll	FULL MAIDEN NAME	Nellie Stevens
RESIDENCE	Parma R. 2,	RESIDENCE	Parma R. 2,
COLOR	w.	COLOR	w.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Parma

Filed Nov 1 1920 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1942

FEB 26 1948

964 - 108 - 014 - 754

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 84822

Primary Registration District No. 2 0 0 7

Registered No. 8 6

Full Name of Child Lyman Rodgers

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: Nov. 8 (Month) (Day) 90 (Year)	

FATHER

FULL NAME: James O Rodgers

RESIDENCE: Parma

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Minn.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Dora Feuberling

RESIDENCE: Parma, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Ore

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ Born (Born alive or stillborn) at 5 0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Dec 1 1920 Lulu Dalton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-111-014-133

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Apple Valley Precinct

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2007

File No. 84823

Registered No. 87

Full Name of Child Allan Lee McCubbin

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
m.	—		—	yes	Nov 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	LeRoy McCubbin	FULL MAIDEN NAME	Maud Allen
RESIDENCE	~~Parma~~ Huston	RESIDENCE	Huston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Parma

Filed Dec 1 1920 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

696-120-005-469

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 84824

Primary Registration District No. 2049 Registered No. 91

FULL NAME OF CHILD Frost

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	11	Yes	11 30 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Frost	Rose Moore
RESIDENCE	St Maries Ida	St Maries Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)		33
BIRTHPLACE	Mich	Mich
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 9 M. on the date above stated.

(Signature) O D Platt

Phy (Physician or midwife)

Address St Maries

Filed Nov 23 1920 H E Smith Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

[redacted]

[redacted]

285-113-005-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bineweah

City of St Maries

Registration District No. 32 File No. 84825

No. ..... St.

Primary Registration District No. 2049 Registered No. 90

Hospital .....

FULL NAME OF CHILD James Coy Sheppard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m			2	yes	11 (Month) 13 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mansfield Sheppard	FULL MAIDEN NAME	Della Barden
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Wis
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address St Maries

Filed Nov. 23 1920 H E Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

Registration District No.

File No. 84825

No.

St.

Registered No.

Hospital

FULL NAME OF CHILD

Twin
Triplet
Quadrupl
Quintupl

Date of Birth

Year

FULL NAME

FATHER

FULL NAME

MOTHER

RESIDENCE

COLOR

AGE

COLOR

AGE
BIRTHDAY

Y.M.S.

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of child of the mother including present birth

CERTIFICATE OF ATTENDANT OR MIDWIFE

I hereby certify that I attended the birth of this child on the date above stated.

Given names added from a supplemental report

Address

Registrar

Amended 2-28-61

PLACE OF BIRTH

517-109-005-133

County of Benewah

City of St. Maries

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 84826

Primary Registration District No. 2049 Registered No. 89

FULL NAME OF CHILD Jules Verne Napier
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Nov. 9, 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Henry Napier	FULL MAIDEN NAME: Martha Allen
RESIDENCE: St. Maries, Ida.	RESIDENCE: St. Maries, Ida.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Ky.	BIRTHPLACE: Ky.
OCCUPATION: Woodsman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) O. D. Platt

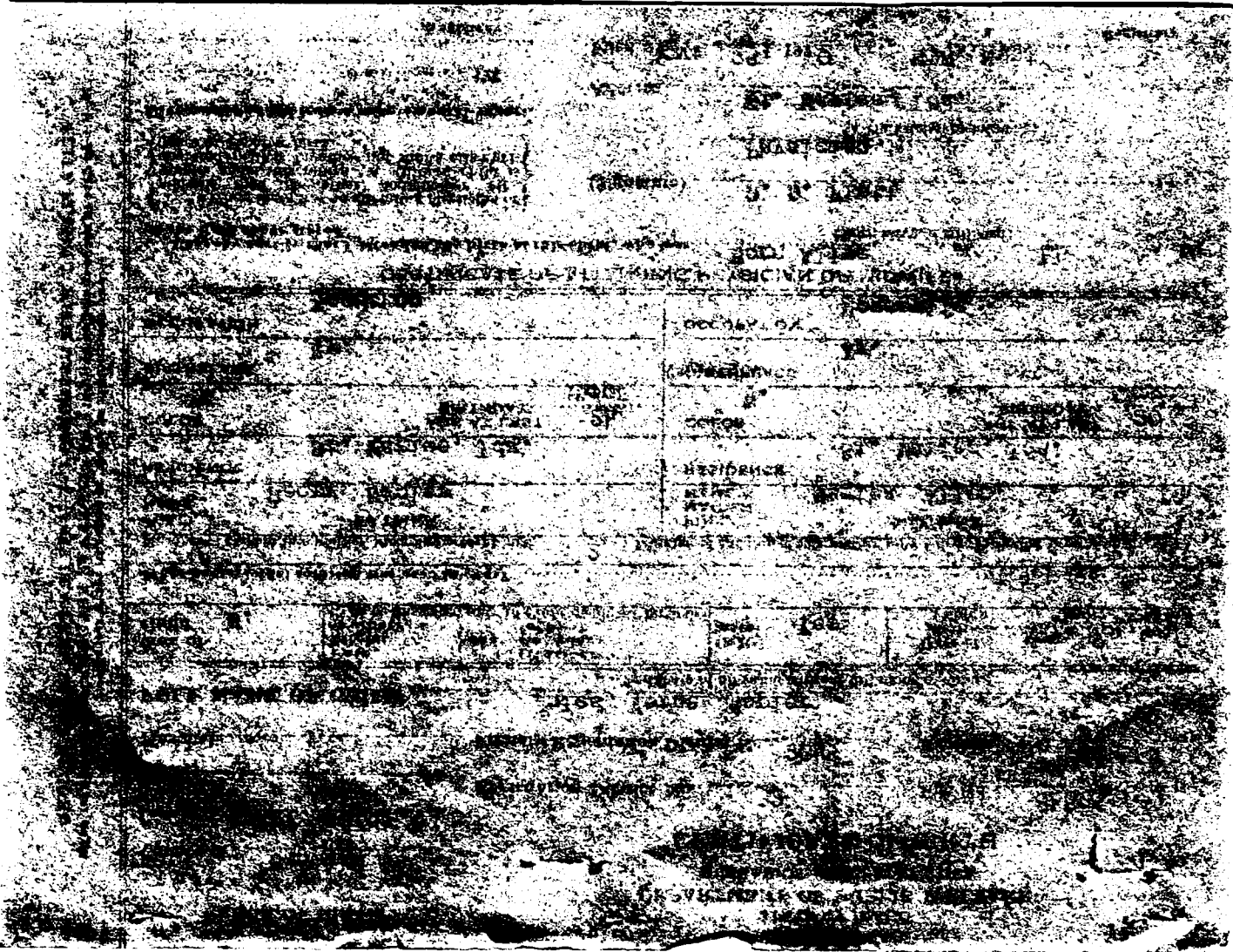
Physician
(Physician or midwife)

Address St. Maries, Ida.

Filed Nov. 23, 1920 H.E. Hunt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Klamath } ss.

Certificate No. 84826

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jules Verne Napier (Name on Original Certificate) who born (Was Born or Died) on Nov. 9, 1920 (Date of Event),
in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Martha Fugate	Martha Allen
Number of Birth	Triplet	Single

Subscribed and sworn to before me this 10th day of January, 19 61

Notary Public, residing at Klamath Falls, Ore
My commission expires Oct 19, 1962
(Seal)

Signed Martha Mary Napier
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Klamath } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of January, 19 61

Notary Public, residing at
My commission expires
(Seal)

Signed E. R. Robertson
(Signature of Any Credible Person)

116 So 8th St
(Street Address, City, State)
Klamath Falls, Ore

FORM DPH 55.155 CL 5-13-60. nm

Notification of Birth Registration, State of Oregon, gives full name of child as Beverly Ann Napier, born Nov. 29, 1937 at Klamath Falls, Oregon to Henry Hobert Napier and Martha May Allen. - No. 691 - viewed by V.S.

Statement from Marie R. Turner, Supt., Breathitt County Schools, Jackson, Kentucky - states That according to their records Martha Mae Allen, daughter of John Morgan Allen was born September 30, 1900. This record was established in the Fugate School District dated April 20, 1915." - viewed by V.S.

262-130-005-919

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah

City of Plummer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 46 File No. 84827

Primary Registration District No. 2153 Registered No. 22

FULL NAME OF CHILD Robert Clark Bostwick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	Nov 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace Manford Bostwick	FULL MAIDEN NAME	Dorothy Rainbolt
RESIDENCE	Plummer Ida	RESIDENCE	Plummer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19
BIRTHPLACE	Detroit Minn	BIRTHPLACE	Judson, Ind
OCCUPATION	Logger	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 545 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith MD

(Physician or midwife)

Address Plummer Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec. 3 1920

H. G. Jaeger Registrar

666-103-006-815

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] County

City of Aberdeen — Registration District No. 116 — File No. 84828

No. ____ St. — Primary Registration District No. 2195 — Registered No. 613

Hospital ____

FULL NAME OF CHILD Arvina Wood

Sex of Child Female | Twin, Triplet or other? ____ | Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 3 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Alma Mosiah Wood

RESIDENCE Aberdeen Ida

COLOR White — AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Wealthy Sophia Hansen

RESIDENCE Aberdeen Ida

COLOR White — AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

(Signature) M. C. MacKinnon M.D.

Physician (Physician or midwife)

Address Aberdeen Ida

Filed 11/4 1920 [illegible] Registrar

MAR 13 1944

719 - 205 - 006 - 319

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 84829

Primary Registration District No. 2185 Registered No. 604

FULL NAME OF CHILD MARIAN GLORIA PARTNER

Sex of Child Female | Twin Triplet or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 5 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Alvin Alexander Partner	FULL MAIDEN NAME Nettie May Lamore
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Indiana
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M D

Physician
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/5 1920 M. C. Mackinnon
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham

Certificate No. 84829
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Un-named Partner (Name on original certificate) who Born (Was born or died) on November 5 1920 (Date of event)

in Aberdeen Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family records (bible) (Bible record, insurance policy, etc.) prepared on at time of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Partner	Marion G. Partner
		Marian Gloria Partner

Subscribed and sworn to before me this 18th day of December, 1941, 19

T. A. Ingate

Notary Public, residing at Aberdeen, Idaho.

My commission expires Oct. 7, 1945

[SEAL]

Signed Alvin A Partner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

462-210-006-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 84830

No. ..... St.

Primary Registration District No. 2195 Registered No. 605

Hospital .....

FULL NAME OF CHILD Dorothy Moser

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 10 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Calvin Moser	FULL MAIDEN NAME Carrie Badertscher
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Ohio
OCCUPATION Merchant (automobile)	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida

Registrar

Filed 11/11 1920 M C MacKinnon Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1972

JAN 8 1943

365-117-006-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116

File No. 84831

No. ..... St.

Primary Registration District No. 2193

Registered No. 606

Hospital .....

FULL NAME OF CHILD ALDEN LOUIS TOEVS

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Nov. 17 1920

FATHER	MOTHER
FULL NAME Jacob D Toevs	FULL MAIDEN NAME Louise Wiebe
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Draymen	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) M. C. MacKinnon M D

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed NOV 17 1920 M. C. MacKinnon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Bingham, }

Certificate No. 84831

NOV 3 194 RECEIVED

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for unnamed (Name on original certificate) who was born (Was born or died) on November 17, 1920, (Date of event) in Aberdeen, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Toevs	Alden Louis Toevs.

Subscribed and sworn to before me this first day of November, 1941.

F. R. Sluther

Notary Public, residing at Aberdeen, Idaho.

My commission expires May 28, 1942.

[SEAL]

Signed J. D. Toevs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bingham, }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this first day of November, 1941.

F. R. Sluther

Notary Public, residing at Aberdeen, Idaho.

My commission expires May 28, 1942.

[SEAL]

Signed Wm P Kirk
(Signature of any credible person other than the previous affiant.)

Aberdeen, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUL 2 1942

666-119-006-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen Registration District No. 116 File No. 84852

No. ..... St.

Primary Registration District No. 2125 Registered No. 607

Hospital .....

FULL NAME OF CHILD Reuben Clark Foote Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and —	—	Yes	Nov. 19 1920

	FATHER	MOTHER
FULL NAME	Reuben C. Foote	FULL MAIDEN NAME Lena Belle Mann
RESIDENCE	Aberdeen Ida	RESIDENCE Aberdeen Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years) 36
BIRTHPLACE	Illinois	BIRTHPLACE Illinois
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 A. M. on the date above stated.

(Signature) M. C. MacKinnon MD

Physician (Physician or midwife)

Address Aberdeen Ida

Filed Nov 19 1920

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1948

239-124-906-414 Amended 4/16/79

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 8/4833

No. ..... St.

Primary Registration District No. 283 Registered No. 608

Hospital .....

FULL NAME OF CHILD RICHARD WENDELL STRATTON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male	—		—	Yes	Nov 24 20

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Walter Stratton	Ada Madsen
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Utah	Utah
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) M. C. MacKinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Nov 24 19 20 M. C. MacKinnon

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 26 8 29 AM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 84833

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Richard Wendell Stratton (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1920 (Date of Event)

in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's middle name	Watson	Walter

Subscribed and sworn to before me this 23rd day of June, 19 ..... Florence Curtright

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Mrs. A. Dean Dewey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1135 Harrison Avenue, S.L.C., Utah 84105
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 9/2/75 1cc pd. rec # 9344

Father;s death certif from Utah gives name as John Walter Stratton, ~~fix~~ died March 30, 1955in Salt Lake City, Utah. viewed by V.S.

APR 1 6 1979

Sister's birth certifi born Lucille Stratton on Feb 20, 1925 in Aberdeen, Idaho.. father's name as John Walter Stratton and mother's name as Ada Madsen. viewed by VS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Bingham)

Certificate No. 84833

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Richard Wendell Stratton (Name on original certificate) who born (was born or died) on Nov - 24 - 1920 (Date of event) in Aberdeen Ida (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by L D S Church record (Bible record, insurance plcy.etc.) prepared on Nov - 24 - 1941 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Richard Wendell Stratton

Subscribed and sworn to before me this 1st day of Dec 1941

Signed J. M. Stratton father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Calvin Moser
Notary Public
Residing at Aberdeen

(Street address, City, State)

My commission expires March 1 - 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Bingham)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of Dec 1941

Signed Mrs Ada Stratton mother
(Signature of any credible person other than the previous affiant.)

Calvin Moser
Notary Public
Residing at Aberdeen

(Street address, City, State)

My commission expires March 1 - 1945

(SEAL)

AUG 4 1975

MAY 19 1975

DEC 17 1941

134-125-006-259

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 84834

Primary Registration District No. 2128 Registered No. 609

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				Yes	Nov 25 1920

FATHER		MOTHER	
FULL NAME	John Henry Aldous	FULL MAIDEN NAME	Emily Charlotte Berlin
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer 3	OCCUPATION	Housewife 3

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M C MacKinnon MD

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Nov 25 1920 M C MacKinnon

Registrar

719-130-006-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Aberdeen~~ Sterling

Registration District No. 116 File No. 84835

No. ..... St.

Primary Registration District No. 2195 Registered No. 610

Hospital .....

FULL NAME OF CHILD Melvin Eugene Parsons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 30 1920

FATHER		MOTHER	
FULL NAME	Ralph Anthony Parsons	FULL MAIDEN NAME	Velma Florence Satterfield
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Vomaline (Born alive or stillborn), at 6P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M.C. MacKinnon, M.D.

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Aberdeen Ida.

Filed Nov 30 1920 McMacKinnon

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 0 1942

113 - 201 - 006 - 314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 2 St.

Hospital

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 84836

Primary Registration District No. 2194 Registered No. 312

FULL NAME OF CHILD Barbara Vera Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 1 1920

FATHER		MOTHER	
FULL NAME	Daniel D. Jackson	FULL MAIDEN NAME	Faymetta Cameron
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) W W Peake

Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed Oct 31 1920 Mrs. Nellie E. Peters
Registrar

OCT 14 1948

AUG 19 1964

769-101-006-844 childs name amend 1-23-86 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD # 4 St.

Hospital

Form V. S. No. M-C—Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 84837

Primary Registration District No. 2194 Registered No. 3153

FULL NAME OF CHILD Stanley Verl ~~Elmer~~ Going

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude B. Going	FULL MAIDEN NAME	Ella Humphreys
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Registrar

Filed Oct 31 1920 Mrs Walter E Patrick

Registrar

12-17-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 23 1 49 PM '86
VITAL STATISTICS

State of MISSOURI
County of Barry } ss.

Certificate No. 84837
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Elmer Going (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 1, 1920 (Date of Event)
in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Elmer Going	Stanley Verl Going

Subscribed and sworn to before me this 13th day of January, 19 86
Notary Public, H. W. Johnson
Residing at Mount. Notary Public - State of Missouri Commissioned in Barry County My Commission Expires Nov. 27, 1987
My commission expires
(Seal)

Stanley V. Going
Signature of Applicant
X Rt 1 Box 163 Monett Mo
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 1986.
Notary Public, Robert M. Anderson
Residing at Blackfoot
My commission expires Life
(Seal)

Gerald R Going
Supporting Signature
Route 7 box 279 Blackfoot Idaho
Street Address, City, State

1 cc pd

Certificate of Baptism from LDS Church gives Stanley Verl Going son of Claude B Going and Ella Humphreys born Oct 1, 1920 in Moreland and was baptised Jan 5, 1929. Viewed by V.S.

JAN 23 1986

Blessing record from LDS Church gives Stanley Verl Going born Oct 1, 1920 in Moreland to Claude Bertram Going and Ella Humphreys was blessed Nov 6, 1920. Viewed by V.S.

165-103-006-366

PLACE OF BIRTH Amended 4/3/79

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D.# 1 St.

Hospital .....

Registration District No. 121 File No. 84838

Primary Registration District No. 2194 Registered No. 314

FULL NAME OF CHILD Maxwell Dee Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 3 1920

FATHER		MOTHER	
FULL NAME	Roy Jones	FULL MAIDEN NAME	Cora Mable Coolbear
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot, Idaho

Filed Oct 31 1920 Wm Walter E Fair

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

AN 11 9 03 AM '79

Certificate No. 84838

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Jones (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 3, 1920 (Date of Event) in Blackfoot, Idaho (Bingham) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Maxwell Dee Jones

Subscribed and sworn to before me this 9 day of Dec 1978

Paul E Butters

Notary Public, residing at Morgan Ut.

My commission expires 10-1-82

(Seal)

Signed Leslie C Jones

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

349 N 250 E MORGAN

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Morgan }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Dec 1978

Paul E Butters

Notary Public, residing at Morgan Utah

My commission expires 10-1-82

(Seal)

Signed Earl Butters

(Signature of Any Credible Person)

62 W. 1st N Morgan

(Street Address, City, State)

FORM DH 60-155

CL 9/6/78

Church membership record from the LDS Church gives name as Maxwell Dee Jones born Oct. 3, 1920 at Groveland, Idaho. father's name as Leroy Jones and mother's name as Dora Mable Coolbear. Blessed May 8, 1920. viewed by V. S. APR 3 1979

Honorable Dishcarge from the U.S. Army gives nams as Maxwell D. Jones born Oct 3, 1920 in Groveland, Idaho date of separation [illegible]. April 13, 1945 viewed by V. S.

394-106-006-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 12

Primary Registration District No. 2

File No. 84839

Registered No. 315

FULL NAME OF CHILD Walter Earl Truman

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 6 1930 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Ernest Truman	FULL MAIDEN NAME	Mabel Blanche Webb
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnisota	BIRTHPLACE	Illinois
OCCUPATION	Foreman Road construction	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot, Idaho

Filed Oct 31 1930 Mrs Walter E. Patrick

Registrar

APR 18 1942

719-115-006-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD# 1 St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 84840

Primary Registration District No. 2194 Registered No. 316

FULL NAME OF CHILD ~~Unnamed~~ Howard Clifton Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Samuel Gardner	FULL MAIDEN NAME	Ruth Sabin
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Oct 21 1920 Mrs Walter E Pitman Registrar

Order to Report for Induction, dated May 14, 1945 gives full name as Howard Clifton Gardner - viewed by V.S. Application to Guarantee Mutual Life Insurance Co., dated at Blackfoot, Idaho on May 9, 1941 gives full name of insured as Howard Clifton Gardner, age 21, born Oct. 15, 1920 at Blackfoot, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 18 1964
Bureau of Vital Statistics

State of IDAHO
County of Bingham } ss.

Certificate No. 84840

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Gardner (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1920 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Application (Bible Record, Insurance Policy, Etc.) prepared on May 9, 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Howard Clifton Gardner

Subscribed and sworn to before me this 5th day of March 1964

Notary Public, residing at Blackfoot, Idaho
My commission expires June 1, 1967
(Seal)

Signed Ruth S. Gardner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

416 So Shilling, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March 1964

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 19, 1966
(Seal)

Signed
(Signature of Any Credible Person)

23 Horrocks Dr., Blackfoot, Ida.
(Street Address, City, State)

FORM DN 60-155 CL 3-15-63. nm

SEP 4 1975

MAR 20 1964

799-214-006-255

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Bingham

City of ~~Blackfoot~~ Moreland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 84841

Primary Registration District No. 2194 Registered No. 317

FULL NAME OF CHILD ~~[illegible]~~ DOROTHY Grimmett

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Frank Grimmett	FULL MAIDEN NAME	Bertha C. Benson
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Denmark
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:59 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Oct 31 1920 Mrs Hattie E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 84841
Date Filed MAR 6 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on 10-14-20 (Date of Event)
in Moreland, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dorothy Grimmett

Subscribed and sworn to before me this 2nd day of April, 1942.

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1944
(Seal)

Signed Bertha Grimmett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Moreland, Idaho. (Box 63)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April, 1942.

Notary Public, residing at Blackfoot, Idaho
My commission expires Jan. 6, 1944
(Seal)

Signed Adelia Belnap
(Signature of Any Credible Person Other Than Previous Year)

Moreland, Idaho
(Street Address, City, State)

APR 9 1942

FEB 6 1969

693-122-006-449

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital ....

FULL NAME OF CHILD Unnamed Williams

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

Registration District No. 121 File No. 84842

Primary Registration District No. 2194 Registered No. 318

Aaron Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 27 1920

FATHER		MOTHER	
FULL NAME	Alvy J Williams	FULL MAIDEN NAME	Alice Muir
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	West Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Peak

Physician

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 31 1920 Wm Traxler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

T 25 (50)
OCT 22

813-228-006-753 date of birth & mother's name amended 8-2-88 lh

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R D # 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 84844

Primary Registration District No. 2194 Registered No. 320

FULL NAME OF CHILD Mettie Lalone Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest F. Hall	FULL MAIDEN NAME	Mary A. Peterson ~~Emelia Peterson~~
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot, Idaho

Filed Oct 31 1920 [illegible] E. Palmer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1942

8-20-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
JUL 1 4 2 PM '88

State of _____ } ss.
County of _____ }

Certificate No. 84844
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Metta Lalove Hale (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 28, 1920 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs birth date	Oct 28, 1920	Oct 24th, 1920
mothers name	Mary Emelia Peterson	Mary Ann Amanda Peterson
		Married Name Hale
		(Mary A. Peterson)

Subscribed and sworn to before me this 30th day of June 1988.

Notary Public, Ione R. Wilkes
Residing at Afton, Wyo. 83110
My commission expires _____
(Seal)

IONE R. WILKES, NOTARY PUBLIC
My Commission Expires July 16, 1989
Residing in Afton, Wyoming

X Metta Lalove Hale
Signature of Applicant

329 Madison Afton, Wy. 83110
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of Wyoming } ss.
County of Lincoln }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1988.

Notary Public, Lois H. West
Residing at _____
My commission expires LOIS H. WEST, Notary Public
(Seal) My Commission Expires Jan. 22, 1991
Residing in Afton, Wyoming

Roger J. Coles
Supporting Signature

Street Address, City, State

AUG 3 1982

LDS Church membership record gives name as Metta LaLove Hale Pitcher born Oct. 24, 1920 at Groveland, Bingham Co., ID to Ernest Fredrick Hale and Mary Ann Peterson.
Viewed by V.S.

Metropolitan Life Ins. Co. Application #10318351 give Metta L. Hale born Oct. 24, 1920 in Idaho to Mary A. Hale.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993 YAM 226-006-743

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

Form V. S. No. M-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 84845

Primary Registration District No. 2194 Registered No. 321

FULL NAME OF CHILD Ruth Carole Rich

Sex of Child	Twin ~~Triplet or other~~ Twin and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	Yes	Oct 26 1920

FATHER		MOTHER	
FULL NAME	Heber Chase C. Rich Jr	FULL MAIDEN NAME	Leva Barbara Gutting
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Blackfoot, Idaho

Filed Oct 21 1920 Mrs Walter E. Patrie Registrar

4344

MAY 8 1964

993-126-006-743

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

Registration District No. 121 File No. 84846

Primary Registration District No. 2194 Registered No. 322

FULL NAME OF CHILD Roland Coulson Unnamed Rich

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	Second	Yes	Oct 26 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Heber Chase C Rich Jr	FULL MAIDEN NAME	Leva Barbara Gutting
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Blackfoot Idaho

Filed Oct 31 1920 Wm Thalia Eng

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 L. B.

395-127-006-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 40 Broadway St.

Hospital

Registration District No. 121

File No. 84847

Primary Registration District No. 1007

Registered No. 323

FULL NAME OF CHILD Edward Monroe Wesley Bud Lindsay

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ersel M. Lindsay	FULL MAIDEN NAME	Violet Green
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mechanic at Garage	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Oct 31 1920 Mrs [illegible]

Registrar

243-131-006-865

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RD St.

Hospital Vernial Sylvester

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

Registration District No. 121 File No. 84848

Primary Registration District No. 2141 Registered No. 324

FULL NAME OF CHILD Buchanan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 31 20

FATHER		MOTHER	
FULL NAME	George E. Buchanan	FULL MAIDEN NAME	Dortha Hone
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. W. Beck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Filed Oct 31 19 20 Mrs. Mattie E. Patrick Registrar

K

RESERVED FOR BINDING

ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-8-41

DECEASED

791-208-006-643

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 84849

No. ..... St.

Primary Registration District No. 1007 Registered No. 325

Hospital .....

FULL NAME OF CHILD Margaret Hilda Grant

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Oct 6 1920

FATHER		MOTHER	
FULL NAME	Joseph W. Grant	FULL MAIDEN NAME	Hilda Fulmer
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A J Summers

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Oct 31 1920 Mrs Nalen E. Petrie
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1968

271-109-006-258

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 84850

No. ..... St.

Primary Registration District No. 2194 Registered No. 326

Hospital .....

FULL NAME OF CHILD Edward John Spanbauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Spanbauer	FULL MAIDEN NAME	Mary Behrend
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2-15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H J Simmons M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Oct 31 1920 Mrs Hattie E. Patrick
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1970

627-112-006-816

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 84851

No. ..... St.

Primary Registration District No. 2194 Registered No. 327

Hospital .....

FULL NAME OF CHILD Delbert Osguthorpe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Oct 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Delbert Osguthorpe	FULL MAIDEN NAME	Pearl Hawkins
RESIDENCE	Blackfoot R-2	RESIDENCE	Blackfoot R-2 Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4-20 AM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H. J. Simons M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Oct 31 1920 Mrs Walter E. Patrick
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 195

619-107-006-299

Form Vital No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 84852

No. ..... St.

Primary Registration District No. 2194 Registered No. 328

Hospital .....

FULL NAME OF CHILD GLEN ROBERT Ward.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 7 1920

FATHER

FULL NAME John Seegan Ward.

RESIDENCE Blackfoot Ida

COLOR white AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE North Carolina

OCCUPATION

MOTHER

FULL MAIDEN NAME Clara Sophia Simmerman

RESIDENCE Blackfoot

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Wisconsin

OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7-30 P M. on the date above stated.

(Signature) Dr. H. J. Simmons
M D
(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct 31 1920 Mrs Hallie E. Tate
Registrar

MAR 6 1942

MAR [illegible] 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 84852
County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Harry Leon Ward (Name on Original Certificate) who was born (Was Born or Died) on October 7th, 1920 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by baptismal record (Bible Record, Insurance Policy, Etc.) prepared on November 1st, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Harry Leon Ward	Glen Robert Ward

Subscribed and sworn to before me this 11th day of March, 1942

H. William Fuechner

Notary Public, residing at Blackfoot

My commission expires October 25th, 1945
(Seal)

Signed Clara S. Ward.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

285 Smith, Blackfoot, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1942

H. William Fuechner

Notary Public, residing at Blackfoot

My commission expires October 25th, 1945
(Seal)

Signed Roy Aston
(Signature of Any Credible Person Other Than Previous Year)

245 Smith St., Blackfoot, Idaho,
(Street Address, City, State)

MAR 16 1942

154-108-006-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfoot

No. W. Bridge St.

Registration District No. 121 File No. 84853

Primary Registration District No. 1007 Registered No. 329

Hospital

FULL NAME OF CHILD Earl Anderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	X	X	Yes	Oct 8 1920

FATHER	MOTHER
FULL NAME Carl G. Anderson	FULL MAIDEN NAME Amanda Graham
RESIDENCE Belfoot W. Bridge	RESIDENCE Belfoot. West Bridge
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Loans + Real Estate	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:55 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 31 19 20 Mrs Hallie E. Pabst Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

869-211-006-314

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekft

No. R F D 2 St.

Hospital

Registration District No. 121 File No. 84854

Primary Registration District No. 2194 Registered No. 330

FULL NAME OF CHILD Farah G Horton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Oct 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard M. Horton	FULL MAIDEN NAME	Nina Cameron
RESIDENCE	Bekft R F D 2	RESIDENCE	Bekft R F D 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis M D
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 31 1920 Mrs Nellie E. [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-117-006-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfr

No. RFD 2 St.

Registration District No. 121 File No. 84855

Primary Registration District No. 2194 Registered No. 331

Hospital

FULL NAME OF CHILD Floyd Cameron

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Oct 17 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Cameron	FULL MAIDEN NAME	Nora Burck
RESIDENCE	Bekfr RFD 2	RESIDENCE	Bekfr RFD 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a [illegible] 19

Address

Registrar

Filed Oct 31 1920 Mrs Arthur E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-124-006-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekft

No. W. Judicial St.

Registration District No. 121 File No. 84856

Primary Registration District No. 1007 Registered No. 332

Hospital

FULL NAME OF CHILD Russell Sisung

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Oct 24 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Sisung	FULL MAIDEN NAME	Vivian Lee
RESIDENCE	Bekft. W. Judicial	RESIDENCE	Bekft. W. Judicial
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Oct 31 1920 Mrs Helen E. Patrick Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1940

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-130-006-952

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. North Main St.

Hospital —

Registration District No. 121

Primary Registration District No. 1007

File No. 84857

Registered No. 333

FULL NAME OF CHILD Lyle Verne Day

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Dale Day	FULL MAIDEN NAME	Ester ~~Day~~ Inskeep
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A H McFarland

(Osteopath)
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot, Idaho

19

Filed Oct 31 1920 Mrs Nalie E. Patrie
Registrar

Registrar

168-105-006-553

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Moreland Prict.

Registration District No. 121 File No. 84858

No. ..... St.

Primary Registration District No. 2194 Registered No. 334

Hospital .....

FULL NAME OF CHILD Amil Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 5 1920

FATHER		MOTHER	
FULL NAME	Nils Johnson	FULL MAIDEN NAME	Matilda Nelson
RESIDENCE	Blackfoot R.F.D. #1	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweeden	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot. Idaho.

Filed Oct 31 1920 Mrs Helen E. Patrie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 0 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 2 3 29 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BINGHAM } ss.

Certificate No. 84858

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Emil Johnson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 5, 1920 (Date of Event)
in Groveland Precinct, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Decree of Distribution of deceased estate of father, Nels M. Johnson, dated 6-25-1935, (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Emil Johnson	Amil Johnson

Subscribed and sworn to before me this 27th day of December 19 72.

Edna B. Capps

Notary Public, residing at Blackfoot, Idaho

My commission expires: January 31, 1974

(Seal)

Signed William Lundrum

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

348 South Shilling, Blackfoot, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of December, 19 72.

Edna B. Capps

Notary Public, residing at Blackfoot, Idaho

My commission expires: January 31, 1974

(Seal)

Signed Donald Ramey

(Signature of Any Credible Person)

Route 1, Box 150, Blackfoot, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 12/20/72 lbc & lcc pd. rec. # 6179

FEB 23 1973

Honorable Discharge from Army gives name as Amil Johnson. Date of Separation gives as Feb. 14, 1946. Born Oct. 5, 1920. Viewed by V. S.

School Record from Blackfoot, Idaho gives name as Amil Johnson. Last year recorded was 1936. Viewed by V. S.

463-207-006-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Route 3 Registration District No. 121 File No. 84859

No. _____ St.

Primary Registration District No. 2194 Registered No. 335

Hospital _____

FULL NAME OF CHILD ~~Emil~~ Jane Louise Dockendorf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female ~~Male~~		Yes	Oct 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emil L. Dockendorf	FULL MAIDEN NAME	Martha Mae Miles
RESIDENCE	Challis Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah, Salt Lake City	BIRTHPLACE	Idaho, Moreland Precinct
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Blackfoot Idaho

Filed Oct 21 1920 Mrs Walter E. Patrie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

389-101-006-264

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121 File No. 84860

Primary Registration District No. 2191 Registered No. 336

FULL NAME OF CHILD Francis Rex Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harris W Christensen	FULL MAIDEN NAME	Roberna B. Bodily
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.
Blackfoot Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 4 1920 Mrs Nelson C. Peters
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-126-006-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of

No. St.

Hospital

Registration District No. 121 File No. 84861

Primary Registration District No. 2194 Registered No. 337

FULL NAME OF CHILD Sherman Everett Gordon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 26 1927 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence A Gordon	FULL MAIDEN NAME	Edith Brewer
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
Blackfoot Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov 9 1930 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1944

763 - 228-006-666

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

Registration District No. 121 File No. 84862

No. ..... St.

Primary Registration District No. 2191 Registered No. 338

Hospital .....

FULL NAME OF CHILD Ruth Tamra Collins

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 28 1919

FATHER		MOTHER	
FULL NAME	Clarence L Collins	FULL MAIDEN NAME	Maud May Woody
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth | Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) J O Hamilton M.D.

(Physician or midwife)

Address Blackfoot Idaho

Filed Nov 4 1919 Mrs Nalie E. Collins

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1950

613-111-006-697

PLACE OF BIRTH

County of Bingham

City of Pingree

No. ..... St.

Hospital .....

FULL NAME OF CHILD Erma Lockerell

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 84863

Primary Registration District No. 2194 Registered No. 339

HOMER

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct 11 1920

FATHER

FULL NAME David Paul Lockerell

RESIDENCE Pingree Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mildred Olive Watson

RESIDENCE Pingree Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Texas

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

(Signature) J. D. Hampton M.D.

(Physician or midwife)

Address Blackfoot Idaho

Filed Nov 9 1920 Mrs Hallie E. Patrick Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 84863
Date Filed APR 6 1942

The undersigned does solemnly swear that certain facts on the certificate of ~~Irvin Homer Fackrell~~ (Birth or Death)
for Irvin Fackrell (Name on Original Certificate) who ~~Died~~ Born (Was Born or Died) on Oct. 11, 1920 (Date of Event)
in Pingree, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal record (Bible Record, Insurance Policy, Etc.) prepared on May 22, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Irvin Fackrell	Ervin Homer Fackrell
Ervin Homer Fackrell		

Subscribed and sworn to before me this 3rd day of March 19 42

Notary Public, residing at Van Nuys, Calif.

My commission expires April 14, 1945
(Seal)

NOTARY PUBLIC in and for the County of Los Angeles, State of California

Signed Mrs. Earl Gende (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4828 Saloma Ave Van Nuys, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1942

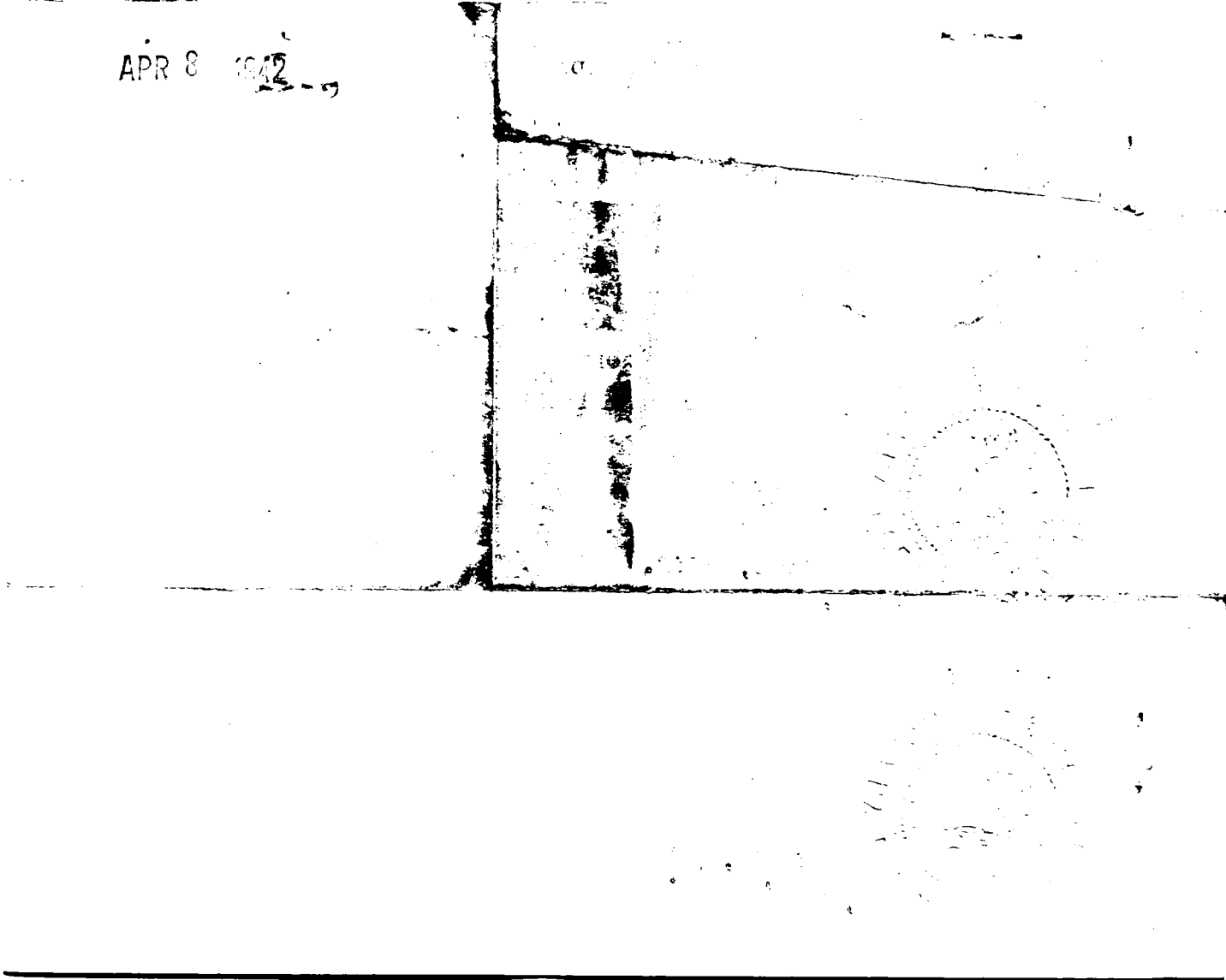
Notary Public, residing at ~~April 14, 1945~~ Van Nuys, Calif.

My commission expires April 14, 1945
(Seal)

Signed L L Litner
(Signature of Any Credible Person Other Than Previous Year)

14542 Delmore, Van Nuys Calif
(Street Address, City, State)

APR 8 1942



253-215-006-662

PLACE OF BIRTH

Form ...-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 84864

No. ..... St.

Primary Registration District No. 1007 Registered No. 340

Hospital .....

FULL NAME OF CHILD ~~Erma Lucille~~ LUCILLE ERMA ~~Kelley~~ KELLY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 15th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar L. ~~Kelley~~ KELLY	FULL MAIDEN NAME	Erma Foster
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mont.
OCCUPATION	Cement Finisher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton MH

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Nov 9 1920 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Silver Bow }

Certificate No. 84864

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Kelley	Kelly
Name	Erma	Lucille Erma Kelly
Date	10-11-20	Oct. 15, 1920

Subscribed and sworn to before me this 15th
day of June, 1942
E. D. F. Halland
Deputy Clerk of the District Court of the Second
Notary Public, residing at Judicial District of the State of Montana, in
My commission expires and for the County of Silver Bow.
(Seal)

Signed Theresa Theobald.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
397 E. Gulena Street
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of June, 1942
E. D. F. Halland
Deputy Clerk of the District Court of the Second
Notary Public, residing at Judicial District of the State of Montana, in
My commission expires and for the County of Silver Bow.
(Seal)

Signed Mrs. Marguerite E. Godbout
(Signature of Any Credible Person Other Than Previous Year)
627 E. Park St. Butte, Montana
(Street Address, City, State)

AUG 14 1974

JUN 24 1942

Corrected 24

299-215-006-245

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 84865

No. ..... St.

Primary Registration District No. 2194 Registered No. 341

Hospital .....

FULL NAME OF CHILD Lillian Anna Briscoe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) - 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Byron E Briscoe	FULL MAIDEN NAME	Emma Kunz
RESIDENCE	#2 Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Blackfoot Ida

Filed Nov 9 1920 Mrs Hattie E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1992

Amended 11-10-59

PLACE OF BIRTH

366 - 218-007-819

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 84866

Primary Registration District No. 2045 Registered No. 90

FULL NAME OF CHILD Marjorie Louise Looslie

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10 - 18 - 1920

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Orville L. Looslie	FULL MAIDEN NAME: Llewellyn Harris
RESIDENCE: Carey	RESIDENCE: Carey
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Address Carey, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 11 - 7 - 1920 Robert H. Wright Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Cert. of Blessing, Dec. 5, 1920 gives full name of child as Marjorie Louise Looslie and mother's full maiden name as Llewellyn Harris - viewed by V.S. and L.D.S. Certificate of Baptism & Confirmation, March 10, 1929 gives full name of child as Marjorie Louise Looslie and full maiden name of motheras Llewellyn Harris - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 84866

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Looslie (Name on Original Certificate) who born (Was Born or Died) on Oct. 18, 1920 (Date of Event)
in Carey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records & Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on March 11, 1929 & April 11, 1952. (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marjorie Louise Looslie
Full Maiden Name of Mother	Llewelyn Harris	Llewellyn Harris

Subscribed and sworn to before me this 31st day of October, 1959

Notary Public, residing at Woody, Idaho
My commission expires 1/18/61
(Seal)

Signed Llewellyn Looslie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 1959

Notary Public, residing at Jerome, Idaho
My commission expires May 15, 1961
(Seal)

Signed Florence Baird
(Signature of Any Credible Person)

409 West Ave E, Jerome, Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 10-22-59. one copy pd. receipt #16890.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 819-130-007-815

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Muldoon

No. ..... St.

Hospital .....

Registration District No. 57

Primary Registration District No. 2025

File No. 84867

Registered No. 89

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	10 (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	J. Vincent Davis	FULL MAIDEN NAME	Lorene Hansen
RESIDENCE	Muldoon	RESIDENCE	Muldoon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Cavy Idaho.

Filed 11-7 1920 Robert H. Wright

Registrar

Registrar

713-219-007-122

PLACE OF BIRTH

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 84868

Primary Registration District No. 2022 Registered No. 88

FULL NAME OF CHILD EMMA NELL PALMER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 19 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Clinton Palmer	Gertrude Abbott
RESIDENCE	Stanley, Ida.	Stanley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Indiana	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:10 P. M. on the date above stated.

(Signature) Robert A. Wright. M.D.

(Physician or midwife)

Address Hailey, Ida

Filed Nov 7 1920 Robert A. Wright

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 84868

County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed Palmer (NAME, ON ORIGINAL CERTIFICATE) who was born (WAS BORN ~~OR DIED~~) on Oct. 19, 1920 (DATE OF EVENT)

in Harvey, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared ~~on~~ at time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Emma Nell Palmer

Subscribed and sworn to before me this 1st day of June 1943

Henry W. Fischer

Notary Public, residing at Burley, Ida

My commission expires 6-1-46

(SEAL)

Signed C. I. Sater M.D.

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Albion, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June 1943

Henry W. Fischer

Notary Public, residing at Burley, Ida

My commission expires 6-1-46

(SEAL)

Signed Gertrude G. Palmer

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Niglar, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUN 9 1943

MARGIN-RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

319-107-007-299

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57

File No. 84870

Primary Registration District No. 2075

Registered No. 86

FULL NAME OF CHILD Wayne Robert Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley J Carlson	FULL MAIDEN NAME	Marey E Briggs
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Carey Idaho

..... Registrar

Filed 10-19 1920 Robert A. Wright Registrar

714-217-007-689

PLACE OF BIRTH

County of Blaine

City of Gannett

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 84871

Primary Registration District No. 2022 Registered No. 85

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 17 1920

FATHER	MOTHER
FULL NAME Wm Francis Poulson	FULL MAIDEN NAME Rhonda F. White
RESIDENCE Gannett, Ida	RESIDENCE Gannett, Ida
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 9 M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 10/19 1926 Robert H. Wright

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-102-007-812

PLACE OF BIRTH

County of Blaine

near City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 84872

Primary Registration District No. 2022 Registered No. 84

FULL NAME OF CHILD Thomas Wm Claughton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	10 2 1920

FATHER	MOTHER
FULL NAME Arthur Claughton	FULL MAIDEN NAME Margaret Haseltine
RESIDENCE Bellevue, Ida.	RESIDENCE Bellevue, Ida.
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE England.	COLOR White
OCCUPATION Farmer.	AGE AT LAST BIRTHDAY 34 (Years)
	BIRTHPLACE England.
	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 10-19 19 26 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING - WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 L. B.

999-209-007-#15

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 84873

Primary Registration District No. 2022 Registered No. 83

FULL NAME OF CHILD Madaline Rizzi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10-9-1920

FATHER		MOTHER	
FULL NAME	James Rizzi	FULL MAIDEN NAME	Jane Alice Dautin
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	England.
OCCUPATION	Miner.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:05 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright. M.D.

(Physician or midwife)

Address Hailey, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-19 19 20 Robert H. Wright

Registrar

S-Y-CO 38071

385-204-008-318

PLACE OF BIRTH

County of Boise

City of Garden Valley

No. Amended 3/29/77 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 6

File No. 84874

Primary Registration District No.

Registered No.

Full Name of Child Mary June Chenoweth

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female				Yes	6 4 20

FATHER

FULL NAME: Bruce T. Chenoweth

RESIDENCE: Garden Valley Ida

COLOR: White

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Red Oak Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Minnie Taylor

RESIDENCE: Garden Valley Ida

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Antelope Nebr

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Cummings

(Physician or midwife)

Address Emmett, Ida

Given names added from a supplemental report.

..... 19.....

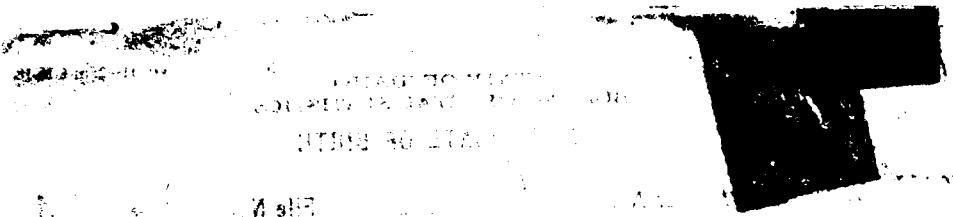
..... Registrar

Filed 11/12/ 1920 J. L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... } MAR 29 9 08 AM '77

Certificate No. 84874

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Chenoweth (female) (Name on Original Certificate) who was born (Was Born or Died) on June 4, 1920 (Date of Event)
in Garden Valley, Idaho (boise) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mary June Chenoweth

Subscribed and sworn to before me this 29th day of March, 19 77.

Margaret Dane
Notary Public, residing at Boise
My commission expires Lifetime
(Seal)

Signed * Sharon Lee Foster
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

* Eisenman Rd # 72 Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DN 60-155 CL 1/26/77 nm

Marriage license issued by State of Idaho 25 January 1941 gives the name of the bride as Mary June Chenowith of Garden Vallley, Idaho. viewed by V.S.

MAR 2 9 1977

Voters registration issued by state of Oregon 12 September 1968 gives name as Mary June Sabin (parents Bruce Chenoweth and Minnie Taylor. viewed by Vital Statistics.

699-229-009-249

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. N. Boyer St.

Registration District No. 78 File No. 84875

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Helen Wanda Wrights

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct (Month) 29 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas H Wrights	FULL MAIDEN NAME	Margrete Smith
RESIDENCE	N. Boyer	RESIDENCE	Sandpoint N. Boyer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Clarion Co Pa.	BIRTHPLACE	Sykesville Pa.
OCCUPATION	Lath Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9-30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Sandpoint Idaho

Registrar

Filed Nov 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

JUN-7 1941

State of [illegible] } ss.
County of [illegible] }

Certificate No. 84875
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death)
for HELEN WANDA WRIGHTS (Name on original certificate) who WAS BORN (Was born or died) on OCTOBER 29, 1920 (Date of event)
in SANDPOINT, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on — (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
NAME	HELEN WANDA WRIGHTS	WANDA HELEN WRIGHTS

Subscribed and sworn to before me this 31st (Sixth) day of May, 1941

Notary Public, residing at Sandpoint Ida

My commission expires Apr 10 1945

[SEAL]

Signed Mrs Violet L. Woodard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

712 N. Boyer Sandpoint Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Spokane }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of May, 1941

Notary Public, residing at Spokane Wash.

My commission expires May 30-1942

[SEAL]

Signed Alberta M Knights
(Signature of any credible person other than the previous affiant)

3174 4th Spokane, Wash
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

165-126-009-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 78 File No. 84876

No. 217 Lake St.

Primary Registration District No. 2153 Registered No.

Hospital

FULL NAME OF CHILD Foy Alfred Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 26 1920

FATHER		MOTHER	
FULL NAME	Jesse A Jones	FULL MAIDEN NAME	Alma Nick
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Taylor Ariz	BIRTHPLACE	Gray Cliff Mont
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8-30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Floyd G Wendle M D

(Physician or midwife)

Address Sandpoint Idaho

Filed Nov 2. 1920 FLOYD G. WENDLE

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-126-[illegible]-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai — Registration District No. 78 — File No. 84877

No. ____ St.

Primary Registration District No. 255 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Little

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Oct	26	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Little	Sallie Stull
RESIDENCE	Kootenai	Kootenai
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	29
BIRTHPLACE	Illinois	Mt. Sterling Ky.
OCCUPATION	R. Ry. Brakeman	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Floyd G. Wendle M.D.

(Physician or midwife)

Address Sandpoint Idaho

Filed Nov 8 1920 — FLOYD G. WENDLE, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959-219-009-817

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 519 Cedar St.

Registration District No. 78 File No. 84878

Primary Registration District No. 215-5 Registered No.

Hospital

FULL NAME OF CHILD Irene Marguerette Ruchert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct 19 1920

FATHER		MOTHER	
FULL NAME	Aley Ruchert	FULL MAIDEN NAME	Magdelene Hagg
RESIDENCE	519 Cedar	RESIDENCE	519 Cedar St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tiflis Asia	BIRTHPLACE	Wells Minn
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 H 0 M. on the date above stated.

(Signature) Floyd G Wendle M.D.

(Physician or midwife)

Address Sandpoint Idaho

Filed Nov 8 1920

FLOYD G. WENDLE
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1976

849-114-009-314

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 79 File No. 84879

No. 801 Oak St.

Primary Registration District No. 2157 Registered No.

Hospital

FULL NAME OF CHILD Donald Warren Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 14 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard Lewis Hunt	Ethel Lawrence
RESIDENCE	1205 - Oak St	1205 - Oak St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	19
BIRTHPLACE	Barron Wisc	Peoria Ill.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11-30 A. M. on the date above stated.

(Signature) Floyd G. Wendle M.D.

(Physician or midwife)

Address Sandpoint Idaho

Filed Nov 9 1920

FLOYD G. WENDLE
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1949

795 - 212 - 005 - 292

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Rural St.

Registration District No. 78 File No. 84880

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Naomi Blanche Pierson

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct (Month) 12 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Dell F. Pierson	FULL MAIDEN NAME Mary Sisson
RESIDENCE Sterrille Ida.	RESIDENCE Sterrille Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Hartford Mich	BIRTHPLACE Latah Wash
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11-30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Floyd G. Wendle M.D.

(Physician or midwife)

Address Sandpoint Idaho

Filed Jan 8 1921 FLOYD G. WENDLE

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1948

495-112-009-331

PLACE OF BIRTH

Form V. S. No. 11-C--25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

Registration District No. 78 File No. 84881

No. ____ St.

Primary Registration District No. 2132 Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 12 1920

FATHER

FULL NAME: George Minor

RESIDENCE: Kootenai

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Mill worker

MOTHER

FULL MAIDEN NAME: Flora Clark

RESIDENCE: Kootenai

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Knasas

OCCUPATION: House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

(Signature) C. H. Page M.D.

(Physician or midwife)

Address Sandpoint, Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

Filed Nov 8 1920 FLOYD G. WENDLE Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

874-104-009-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of

No. St.

Hospital STANLEY

Registration District No. 78 File No. 84882

Primary Registration District No. 2183 Registered No.

FULL NAME OF CHILD Leonard Hammond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Oct. 4. 1920

FATHER		MOTHER	
FULL NAME	Robert L. Hammond	FULL MAIDEN NAME	Alma M. Steele
RESIDENCE	Blanchard - Ida.	RESIDENCE	Blanchard - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wash.	BIRTHPLACE	Minn.
OCCUPATION	Cumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Rathdrum Idaho.

Registrar

Filed Nov 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 84882

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for No Original Certificate (Name on Original Certificate) who Born (Was Born or Died) on October 4, 1921 (Date of Event)
in Blanchard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Stanley Leonard Hammond

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of May, 19 42

Notary Public, residing at Spokane, Wash.
My commission expires Jan. 23, 1946
(Seal)

Signed C. H. Barnhart
(Signature of Any Credible Person Other Than Previous Year)

312 - E - Fairview
(Street Address, City, State)
Spokane, Wash.

MAY 27 1942

NOV 17 1945

29 1942

213-228-009-792

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 84883

No. ..... St.

Primary Registration District No. 2155 Registered No. .....

Hospital .....

FULL NAME OF CHILD JOSEPHINE VIOLET Satterlee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 28 1920

FATHER		MOTHER	
FULL NAME	Bert E. Satterlee	FULL MAIDEN NAME	Marion E. Gibbon
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Ills.
OCCUPATION	Mechanic	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E J Anderson M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 8 1920

FLOYD G. WENDLE
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 84883

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Josephine Violet Satterlee (Name on Original Certificate) who was born (Was Born or Died) on October 28, 1920 (Date of Event) in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on June, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Josephine Violet Satterlee

Subscribed and sworn to before me this 3rd day of August, 1942

Notary Public, residing at Seattle Wash.

My commission expires January 19, 1943

(Seal)

Signed Marion E. Satterlee, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1535 Brooklyn Ave. Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 1942

Notary Public, residing at Seattle Wash.

My commission expires Jan. 19, 1943

(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

725 - 23 Ave So
(Street Address, City, State)

AUG 15 1942

AUG 18 1942

855-228-009-331

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

County of Bonner

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 781 File No. 84884

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Clara Ann Hensley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Oct. 28. 1920

FATHER		MOTHER	
FULL NAME	Henry W. Hensley	FULL MAIDEN NAME	Margaret L. Clark
RESIDENCE	Careywood, Ida	RESIDENCE	Careywood, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Tenn.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum Idaho

Filed Nov 8 1920 FLOYD G. WENDLE

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1969

255-225-009-932

PLACE OF BIRTH

County of Bonner

City of Kootenai

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 84885

Primary Registration District No. 2133 Registered No. _____

Full Name of Child Celarat ANN Benson

SEX OF CHILD: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Sept 25 (Month) (Day) 1920 (Year)	

FATHER

FULL NAME: Andrew Benson

RESIDENCE: Kootenai

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Norway

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Emma Olson

RESIDENCE: Kootenai

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Norway

OCCUPATION: Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at _____ M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

Mae J. Jacobson (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Nov 9 1920 FLOYD G. WENDLE Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of King } ss.

Certificate No. 84885

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Clara Ann Benson (Name on Original Certificate) who born (Was Born or Died) on Sept. 25, 1920 (Date of Event)
in Sand Point, Bonner Co. Idaho (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Clara Benson	Clara Ann Benson

Subscribed and sworn to before me this 5th day of May 1945

Signed Emma Benson Nelson

Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

day of ..... 19.....

Lillie C. Birkenbold
Notary Public, residing at Seattle Wash.

My commission expires 8.26/[illegible] 47
(Seal)

7833 9th N.W Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

Signed .....
(Signature of Any Credible Person)

day of ....., 19.....

.....

Notary Public, residing at .....

.....
(Street Address, City, State)

My commission expires .....
(Seal)

MAY 1 0 1945

[redacted]

County of [redacted]

BUREAU OF VITAL STATISTICS

Registered No. [redacted]

City or Town of Newport

CERTIFICATE OF BIRTH

Reg Dis. 78

769-205-009-753

Registration Dist. No. ..... (No. ....., Prim " " 2143 St.; ..... Ward)

FULL NAME OF CHILD Mabell Borghell Gorder, If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	1		1st	yes	Oct (Month) 5 (Day), 1920 (Year)

FATHER		MOTHER	
Full Name	Ole Nelson Gorder	Full Maiden Name	Anna Peterson
Residence	Newport	Residence	Newport
Color	white	Color	white
Age at last Birthday	30 (Years)	Age at last Birthday	44 (Years)
Birthplace (State or Country)	Norway	Birthplace (State or Country)	Norway
Occupation	Lumber Jack	Occupation	House wife

Number of child of this mother 1

Number of children, this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was {born alive / stillborn} † and that it occurred on Oct 5-1920, 19....., at 6 P M.

(Signature) W J Wallace

(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Registrar.

Address .....

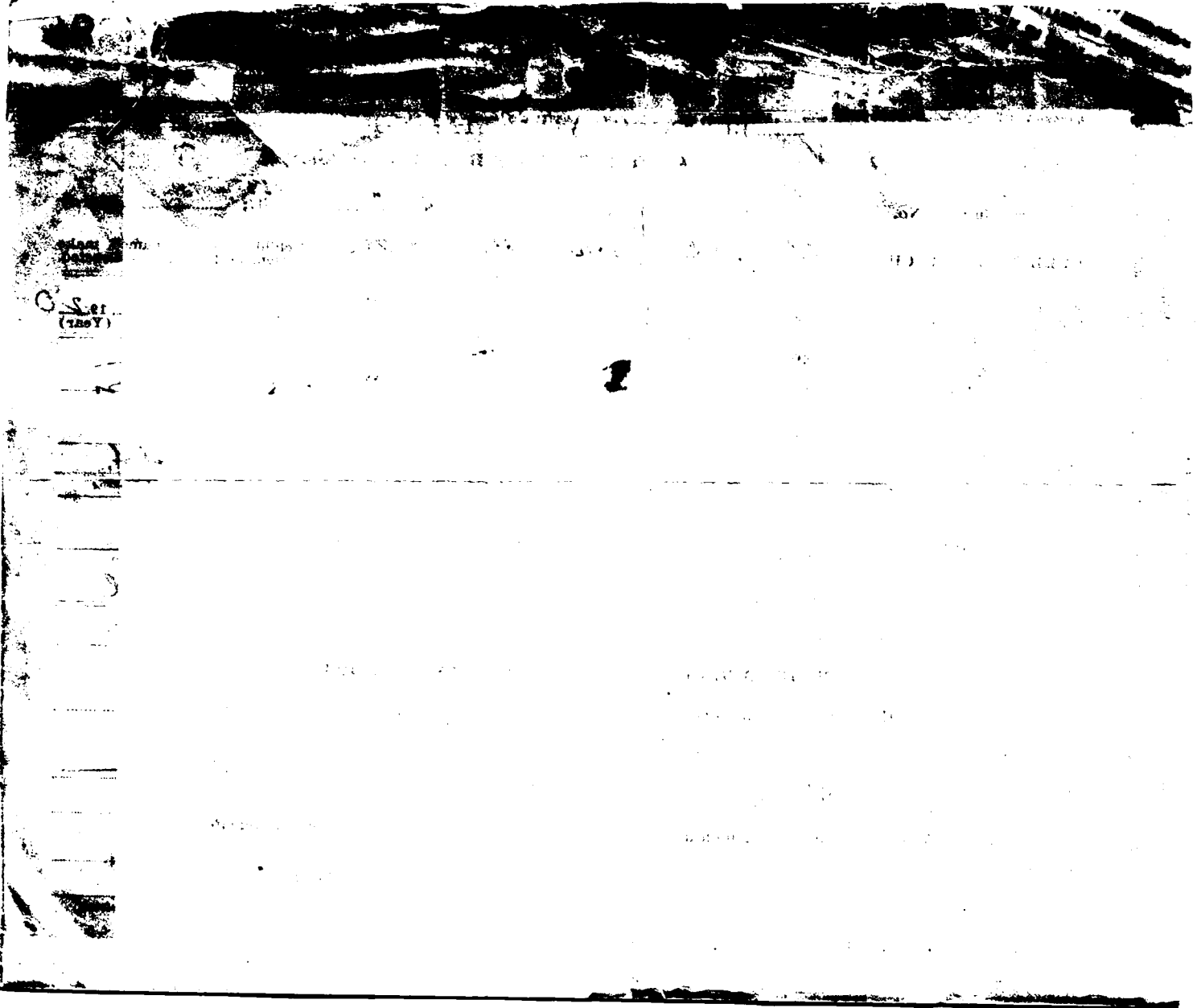
Filed Nov 8, 1920 FLOYD G. WENDLE

Registrar.

† Indicate which by drawing line through superfluous word.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each the number of each in order of birth, stated.



165-125-009-239

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84887

County of Bonner

City of Laclede Ida. Registration District No. 81 File No. 10

No. x x x x St.

Hospital x x x x Primary Registration District No. 2158 Registered No. 164

FULL NAME OF CHILD (not Named) Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	Single	6"	yes	Nov 25 1920

FATHER		MOTHER	
FULL NAME	Wm H Jones	FULL MAIDEN NAME	Elsie B. Bleish
RESIDENCE	near Morton Ida.	RESIDENCE	near Morton Idaho.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	missouri	BIRTHPLACE	wisconsin
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 25/20 at 11:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Dedier

Laclede Ida
(Physician or midwife)

Address Laclede Idaho.

Given names added from a supplemental report.

none 19

Geo Dedier
Registrar

Filed Nov 26 1920

Geo Dedier
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-102-009-884

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of PRIEST RIVER, IDAHO Registration District No. 85 File No. 84888

No. ..... St.

Hospital Priest River Hospital Primary Registration District No. 2185 Registered No. 45

FULL NAME OF CHILD Vernal Edward Carr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Carr	FULL MAIDEN NAME	Flossie Hydorn
RESIDENCE	PRIEST RIVER, IDAHO	RESIDENCE	PRIEST RIVER, IDAHO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Idaho
OCCUPATION	Machanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Getzlaff

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Registrar

Address PRIEST RIVER, IDAHO

Filed Nov. 30 1920 C. T. Getzlaff Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

Registration District No. 25 File No. 24438

No. St.

Registered No.

Primary Registration District No. 1

FULL NAME OF CHILD Varel Edward Carr

Sex of Child: Male

Twin Triplet or other: and

Number in order of birth: 1

Legitimate: Yes

Date of Birth: Nov 2 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Carr	FULL MAIDEN NAME	Phoebe Hylorn
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Idaho
OCCUPATION	Nonwife	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:45 P. M. on the date above stated.

(Hour, Alive or Stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed

Registrar

394-218-009-119

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Priest River, Idaho Registration District No. 85 File No. 84889

No. ____ St.

Primary Registration District No. 2185 Registered No. 216

Hospital ____

FULL NAME OF CHILD Elizabeth Timmons

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 18 1920

FATHER	MOTHER
FULL NAME Geo. Timmons	FULL MAIDEN NAME Dorothy Fairer
RESIDENCE Walla Walla Wn.	RESIDENCE Walla Walla, Wn.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE B. C.
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10. P. M. on the date above stated.

(Signature) C. P. Fitzloff

Physician

(Physician or midwife)

Address Priest River, Idaho

Filed Nov. 30 1920 C. P. Fitzloff Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 2 9 1969

331-115-~~010~~-249

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonville

City of Idaho Falls R.F.D.

No. Lincoln St.

Registration District No. 73

Primary Registration District No. 2140

File No. 84890

Registered No. 292

Hospital

FULL NAME OF CHILD Darwin E. Clapp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov. 15 1920

FATHER		MOTHER	
FULL NAME	Jos. H. Clapp	FULL MAIDEN NAME	Ida Burke
RESIDENCE	Lincoln Ida.	RESIDENCE	Lincoln Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Iona	BIRTHPLACE	Iona
OCCUPATION	Machinist	OCCUPATION	House-wife

Number of child of this mother, including present birth VI. Number of children of this mother now living, including present birth VI

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:40 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Strest M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

.....19.....

Filed 11/3 A 19 22 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

[redacted]

263 [illegible] 3-3[illegible]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Sincoln St. R.F.D. 1

Registration District No. 73

File No. 84891

Primary Registration District No. 2110

Registered No. 291

Hospital

FULL NAME OF CHILD Dan Edwin Bolinder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 23 1920

FATHER		MOTHER	
FULL NAME	Albert Bolinder	FULL MAIDEN NAME	Estes Larson
RESIDENCE	Lincoln Ida	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Nisbet

MD (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed 11/30 1920 W. Kennard Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-115-010-493

Form [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 13

File No. 84892

Primary Registration District No. 2140

Registered No. 290

FULL NAME OF CHILD Morris

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Nov. 15 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Newel Morris	FULL MAIDEN NAME	Iva Metcalf
RESIDENCE	Ucon - Ida	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Ucon
OCCUPATION	Clerk	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at [illegible] on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Ward

M D (Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

..... 19.....

Filed 11/30 1920 [illegible] Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-221-010-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D 1 St.

Registration District No. 73

File No. 84893

Primary Registration District No. 2150

Registered No. 2 FF

Hospital

FULL NAME OF CHILD Eva Irene Rasmussen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 21 1920

FATHER		MOTHER	
FULL NAME	G. W. Rasmussen	FULL MAIDEN NAME	Ethel Robenson
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Freedom Wyoming	BIRTHPLACE	Grant Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rigby Idaho R D #1

Filed 11/30 1920 [signature]

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 84893

JUN 16 1945
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for ____ who ____ on ____
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in ____ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ____ prepared on ____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Rasmussen	Eva Irene Rasmussen

Subscribed and sworn to before me this 12
day of June, 1945

Notary Public, residing at Rexburg
My commission expires Sept 5, 1946
(Seal)

Signed Ethel Rasmussen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of June, 1945

Notary Public, residing at Rexburg
My commission expires Sept 5, 1946
(Seal)

Signed [redacted]
(Signature of Any Credible Person)
Idaho Falls Idaho Rt #9
(Street Address, City, State)

JUN 18 1985

255-208-010-294

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 84894

Primary Registration District No. 2110 Registered No. 247

FULL NAME OF CHILD Edna Ruth Severson

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 8 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Levi Severson	FULL MAIDEN NAME Sigrid Helene Simonson
RESIDENCE Coltman	RESIDENCE Coltman
COLOR White	AGE AT LAST BIRTHDAY 49 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Holliday Utah	BIRTHPLACE Norway
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 3.30 a M. on the date above stated.

(Signature) Mary Godfrey Stoddard

(Physician or midwife)

Address Rigby Idaho R 2 # 1

Filed 11/30 1920 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 84894

Date Filed APR 1 1

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edna Ruth Severson (Name on Original Certificate) who born (Was Born or Died) on Nov 8 1920 (Date of Event)
in Coltman, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible (Bible Record, Insurance Policy, Etc.) prepared on Nov. 20th, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Edna Ruth Severson
mother's name	Sigrid Simonsin	Sigrid Helene Simonson

Subscribed and sworn to before me this 15
day of April, 19 42
Ruth R. Bennett
Notary Public, residing at Rigby, Idaho
My commission expires
(Seal)

Signed Sigrid Helene Simonson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lorenzo-1, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of April, 19 42
Ruth R. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1942.
(Seal)

Signed Steve Jensen
(Signature of Any Credible Person Other Than Previous Year)
Rigby, Idaho.
(Street Address, City, State)

APR 18 1942

JAN 20 1961

413-220-010-235

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84895

No. 8th St.

Primary Registration District No. 2170 Registered No. 2+6

Hospital

FULL NAME OF CHILD LILLIAN MARIAN Daley

Sex of Child	Twin Triplet or other? \ and Number in order of birth \ (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Irving Daley	FULL MAIDEN NAME	Bessie Edna Stewart
RESIDENCE	8th Street	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	~~Laborer~~ Hill Side Utah	BIRTHPLACE	Idaho Falls
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls

19

Registrar

Filed Nov 26 1920 [signature] Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1942

547-124-010-751

~~PLACE~~ OF BIRTH

Form V. S. ~~No. 11-C~~ 5m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 13

File No. 84896

Primary Registration District No. 21 V-0

Registered No. 2 FV-

FULL NAME OF CHILD VIRGIL E. EMPEY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Oct (Month) 24 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Ed Empey	FULL MAIDEN NAME	Elva N Pearson
RESIDENCE	Ammon	RESIDENCE	Ammon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ammon	BIRTHPLACE	Ammon Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 40 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Nest

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Nov 26 1920 W Kummel

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 84896
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Virgil E. Empey (Name on original certificate) who was born (Was born or died) on Oct. 24, 1920, (Date of event) in Ammon, BonnevilleCo., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Certificate No.84986 (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Empy	Virgil E. Empey
Virgil E. Empey		

Subscribed and sworn to before me this 11 day of October, 19 41.

Notary Public, residing at Idaho Falls, Ida.

My commission expires 4/24/43

[SEAL]

Signed Floyd Empey
(Signature of parent or attendant if correcting a birth record; or of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD #3 Idaho Falls Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October, 19 41.

Notary Public, residing at Idaho Falls, Idaho.

My commission expires 4/24/43

[SEAL]

Signed Edna Pearson Empey
(Signature of any credible person other than the previous affiant.)

RFD #3 Idaho Falls, Ida.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 15 1941

993-114-010-165

[redacted]

Form V. S. No. 11-O-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 84897

No. ..... St.

Hospital General

Primary Registration District No. 2150 Registered No. 264

FULL NAME OF CHILD Ricks, William Edwin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes	Oct. 14 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will Ricks	FULL MAIDEN NAME	Cleo Jones
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Provo Utah
OCCUPATION	Druggist	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:07 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez N. West

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls

Filed Nov 26 1920 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 2 1 52 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake

Certificate No. 83897

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ricks (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 14, 1920 (Date of Event)
in Idaho Falls, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	William Edwin Ricks
William Edwin		

Subscribed and sworn to before me this 22 day of September, 19 73.

Carol J. Merritt

Notary Public, residing at Sandy, Utah

My commission expires September 19, 1976

(Seal)

Signed C. Lee James Ricks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

207 W. 4800 So Ogden Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of September, 19 73.

Carol J. Merritt

Notary Public, residing at Sandy, Utah

My commission expires September 19, 1976

(Seal)

Signed Cleo P. Monroe
(Signature of Any Credible Person)

207 W. 4800 So. Ogden, Utah
(Street Address, City, State)

FORM DH NO. 158 CL 10/13/71 nm

Certif. of Blessing From LDS Church gives name as William Edwin Ricks son of William Edwin Ricks and Cleo Jones. Born Oct. 14, 1920. Was Blessed March 6, 1921. Viewed by V. S.

OCT 18 1973

Certif. of Baptism and Confirmation from LDS Church gives name as William Edwin Ricks, Jr. son of William Edwin Ricks, Sr. and Cleo Jones. Born Oct. 14, 1920 and was Baptized Sept. 3, 1932. Viewed by V. S.

125-211-014-465

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. ____ File No. 84898

Primary Registration District No. 2007 Registered No. 89

Full Name of Child Marjorie Lorraine Abendroth

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Nov 11 20

FATHER

FULL NAME: William H. Abendroth
RESIDENCE: Parma
COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: S. D.
OCCUPATION: Salesman Idaho Produce Co.

MOTHER

FULL MAIDEN NAME: Ida Montgomery
RESIDENCE: Parma
COLOR: White
AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Utah
OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell
(Physician or midwife)

Address Parma

Filed Dec 1 1920 Sadie Dalchoff
Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1944

249-112-014-551

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 84899

Primary Registration District No. 2007

Registered No. 89

Full Name of Child Charles Edward Burau

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl E. Burau	FULL MAIDEN NAME	Emily Evans
RESIDENCE	Notus R.D.	RESIDENCE	Notus R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Parma

Filed 12-5 1920 Lulu Waldron

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

N 12 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-220-014-468

PLACE OF BIRTH

County of Canyon

City of Parma RD.

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 84900

Primary Registration District No. 2007

Registered No. 90

Full Name of Child Neva May Allender

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov. 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry S Allender	FULL MAIDEN NAME	Mary Doyle
RESIDENCE	Parma RD.	RESIDENCE	Parma RD.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Parma

Filed 12-5 1920 Lulu Waldron

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 84308

No. _____ Primary Registration District No. _____ Registered No. _____

Hospital

Full Name of Child

SEX OF CHILD	Twin Triplet or other?	Number and in order of birth	Legitimate	DATE OF BIRTH
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY		COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR SIDWIFE

Given name of child from a supplemental report

Address

Filed _____ 19__

Registrar

Registrar

652-222-014-864

CE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Canyon

City of Parma R.D.

Registration District No. 3 File No. 84901

No. St.

Primary Registration District No. 2007 Registered No. 91

Hospital

Full Name of Child FAWN ADELLA ~~Fawn~~ Webb

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Nov. 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert W. Webb	FULL MAIDEN NAME	Doretha Young
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Col.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Parma

Filed 12-5 1920 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS

N. B.—In case of more than one child at birth, a SEPARATE BI... of each, in order of birth

K

NOV 18 1942

FEB 7 1975

693-228-014-213

PLACE OF BIRTH

County of Canyon

City of Parma R.D.

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 84902

Primary Registration District No. 2007

Registered No. 92

Full Name of Child Lois Belle Wilson

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	Nov. 28, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Wilson	FULL MAIDEN NAME	Ruth Bates
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Parma

Filed 12-5 1920 Lulu Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1942

791-230-014-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84903

Primary Registration District No. 2007 Registered No. 93

FULL NAME OF CHILD MERNA JEAN GRAHAM

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	W. R. Graham	FULL MAIDEN NAME	Hattie Casey
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Davis Co Mo	BIRTHPLACE	Mitchell Co Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 12-5 1920 Luby Waldrop Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 84903

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Graham (Name on Original Certificate) who was born (Was Born or Died) on November 30, 1920 (Date of Event)
in Wilder, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) Savings Account Application Nov. 20, 1930 prepared on Sept. 1934 Viewed by Div. of Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Merna Jean Graham

Subscribed and sworn to before me this 26th day of July, 19 55

Notary Public residing at Wilder, Idaho
My commission expires April 4, 1958
(Seal)

Signed Hattie A. Graham Casey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 576, Wilder Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of July, 19 55

Notary Public residing at Wilder, Idaho
My commission expires April 4, 1958
(Seal)

Signed Jane G. Atteberry
(Signature of Any Credible Person)

Wilder Idaho
(Street Address, City, State) Box 491

DPH 52-155

JUL 27 1955

314-217-04-735

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 9

File No. 84904

No. ..... St.

Primary Registration District No. 1007

Registered No. 94

Hospital .....

FULL NAME OF CHILD Gertrude Elaine Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dale D Campbell	FULL MAIDEN NAME	Mary Alice Glenn
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iona	BIRTHPLACE	Kan
OCCUPATION	farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 23 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Waldrop

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma

Filed Nov 20 1920 Lulu Waldrop Registrar

..... Registrar

S-Y CO. 24655

386-162-014-312

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 ..... File No. 84905

Primary Registration District No. 2007 ..... Registered No. 95

FULL NAME OF CHILD Warren Thornburgh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Thornburgh	FULL MAIDEN NAME	Emma Casey
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 ..... Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldron

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Nov. 5 1920 Lulu Waldron

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

319 - 203 - 014 - 815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2km-9-8-17

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 9 File No. 84906

Primary Registration District No. 207 Registered No. 96

FULL NAME OF CHILD Marian Louise Lackland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov. 3 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bruce B. Lackland	Mildred L. Hancock
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Ill.	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One — Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Waldrop, M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 6 1920 Lulu Waldrop Registrar

LACKLAND

442-207-014-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 84907

Primary Registration District No. ..... Registered No. 97

FULL NAME OF CHILD Ruth Luetta Musgrove

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion R. Musgrove	Nora A. Beck
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Mo.	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6-P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov. 6 1920 Ruby Waldrop Registrar

JAN 24 1942

259-111-014-419

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 84908

Primary Registration District No. 2007 Registered No. 98

FULL NAME OF CHILD William Frederick Seiber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frederick Seiber	FULL MAIDEN NAME	Cordelia Darden
RESIDENCE	Parma	RESIDENCE	Parma, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11-50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Nov 14 1920 Luke Waldorf Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-116-014-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 84909

Primary Registration District No. 2007 Registered No. 99

FULL NAME OF CHILD Robert Lee Turning

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		yes	Nov. 15 1920

FATHER		MOTHER	
FULL NAME	James A. Turning	FULL MAIDEN NAME	Emma Walters
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Va.	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7-40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Nov 18 1920 Lulu Waldrop Registrar

S-Y CO. 24655

AUG 9 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 84909

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Robert Lee Tuning (Name on Original Certificate) who was born (Was Born or Died) on Nov. 15, 1920 (Date of Event)

in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by knowledge of father, prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Robert Lee Tuning

Subscribed and sworn to before me this 7th day of August, 1944

Nilda D. Ecklund

Notary Public, residing at Parma, Idaho

My commission expires Dec. 13, 1947

(Seal)

Signed: James Tuning

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of August, 1944

Nilda D. Ecklund

Notary Public, residing at Parma, Idaho

My commission expires Dec. 13, 1947

(Seal)

Signed: Emma B. Tuning

(Signature of Any Credible Person)

Parma, Idaho

(Street Address, City, State)

AUG 1 1 1944

619-127-014-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 9

File No. 84910

Primary Registration District No. 2007

Registered No. 110

FULL NAME OF CHILD Forest Waldo Farmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kirk Farmer	FULL MAIDEN NAME	Alva Packard
RESIDENCE	Caldwell R#2	RESIDENCE	Caldwell R#2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 1920 Lulu Waldrop

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 84910

State of Idaho } ss.
County of Canyon }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on November 27, 1920 (Date of Event)
in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Forest Waldo Farmer

Subscribed and sworn to before me this 2nd
day of May 19 42.

Ernest Anderson.

Notary Public, residing at Parma, Idaho.

My commission expires February 11, 1946.
(Seal)

Signed Ivan Farmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parma, Idaho, R#2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 18 1942

MAY 20 1948

962-230-014-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R#1

Registration District No. 3

File No. 84911

No. ..... St.

Primary Registration District No. 2007

Registered No. 78

Hospital .....

FULL NAME OF CHILD Helen Aramenta Robbins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Oct 30 1920

FATHER		MOTHER	
FULL NAME	Robert Robbins	FULL MAIDEN NAME	Grace Bailey
RESIDENCE	Parma R#3	RESIDENCE	Parma R#3
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	SP
OCCUPATION	farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Wilcox M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma

Filed Nov 1 1920 Lulu Haldrop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 84911

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Robbins (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 10-30, 1920 (DATE OF EVENT)
in Caldwell, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	omitted	Helen Anamenta
Birthplace of Father	"	Illinois (Robbins)

Subscribed and sworn to before me this 30
day of December, 19 41
Bertie Estes
Notary Public, residing at Boise Idaho
My commission expires July 8, 1942
(SEAL)

Signed R R Robbins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
R.D. #2, Caldwell Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

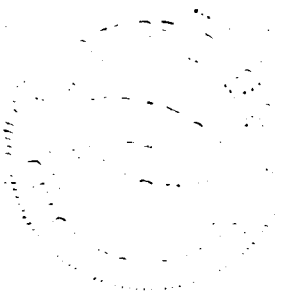
Subscribed and sworn to before me this 30
day of December, 19 41
Bertie Estes
Notary Public, residing at Boise Idaho
My commission expires July 8, 1942
(SEAL)

Signed John F B Ausman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
R.D. #2, Caldwell Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 31 19

JUL 9 1957



213-109-014-266

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 84912

No. ..... St.

Hospital Home

Primary Registration District No. 2007 Registered No. 79

FULL NAME OF CHILD Robert Malcom Batt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 9 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	P. G. Batt	FULL MAIDEN NAME	Cornelia Bowers
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Salem Or.	BIRTHPLACE	Bedford Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. 20 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Filed Oct 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1970

395-124-014-251

PLACE OF BIRTH

County of Canyon

City of Parma

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

Primary Registration District No. 2007

File No. 84913

Registered No. 80

Full Name of Child _____

SEX OF CHILD: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH: Oct. 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C. Trent	FULL MAIDEN NAME	Cornie Seal
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Registrar

Address Parma

Filed 11-6 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-229-014-913

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

Primary Registration District No. 2007

File No. 84914

Registered No. 81

Full Name of Child MARJORIE RUTH FLEMING

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William G. Fleming	FULL MAIDEN NAME	Mable Ratz
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	N.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Parma

Filed ~~11 20~~ 19 20 Nov 10 1920

Registrar

Lulu Waldron

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1951

659-227-014-893

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3

Primary Registration District No. 1007

File No. 84915

Registered No. 82

Full Name of Child Ada Grace Weick

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Oct 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Karl Weick	FULL MAIDEN NAME	Mable Hill
RESIDENCE	Parma	RESIDENCE	Parma.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Neb.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Parma

Filed 11-6 1920 Lula Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1944

632-129-015-269

OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] ribeau

City of Soda Springs

No. _____ St.

Hospital _____

Registration District No. 11

File No. 84916

Primary Registration District No. 2048

Registered No. 27

Full Name of Child Benny Olsen

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
M	—		—	yes	Nov 29 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard B. Olson	FULL MAIDEN NAME	Bessie Sorensen
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 59 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaukley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19__

Ellis Kaukley
Registrar

Address Soda Springs, Idaho

Filed Nov 30 1920

Ellis Kaukley
Registrar

JUL 1 1942

[redacted]

253-129-015-414

PLACE OF BIRTH

Amended 4/8/82

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Gray

No. _____ St.

Hospital _____

Registration District No. 11 File No. 84917

Primary Registration District No. 2048 Registered No. 28

Full Name of Child Kyle J. Bell

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
M		yes	Oct 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Bell	FULL MAIDEN NAME	Vinnie Madsen
RESIDENCE	Gray	RESIDENCE	Gray
COLOR	M	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	N.C.	BIRTHPLACE	Idaho
OCCUPATION	Rache	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 49 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elis Kay Ley

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Elis Kay Ley
Registrar

Address Soda Springs Idaho

Filed Nov 3 1920 Elis Kay Ley
Registrar

K

JUN 2 1942

DECEASED

4/8/82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 8 3 23 PM '82

State of Idaho
County of Ada } ss.

Certificate No. 84917
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Ryle J. Bell (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct. 29, 1920 (Date of Event)
in Grey, ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
first name of child	Ryle	Kyle

Subscribed and sworn to before me this 8th day of April, 1982.
Notary Public, Linda Adamson
Residing at Nampa
My commission expires April 3, 1985
(Seal)

Kyle J. Bell
Signature of Applicant
26 Manor Dr Buhl Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

APR 8 1982

Birth cert. of son John F. Bell born May 22, 1952 at Id. Falls, ID S.F.# 52-5559 gives father as Kyle Bell age 32 born at Gray's Lake, ID.
Viewed by V.S.

Blue Cross Medical card - effective date 6-1-75 gives naem as Kyle J. Bell.
No. 3052559 Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-20
014-15 [redacted] TH

[redacted] V. S. No. 11-C—25m-7-21-19

County of Cache

City of Burley

Registration District No. [redacted] No. 84918

No. ..... St.

name added 10/15/82

Primary Registration District No. 296 Registered No. 754

Hospital .....

FULL NAME OF CHILD Thelma Mavis Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Sept 20. 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arlin H. Bates	Isabell Jenkins
RESIDENCE	Burley, Ida	Burley, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	38
BIRTHPLACE	Goshen, Utah	Lolla, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician

(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-16-1920 Wm. J. C. Robertson

Registrar

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 84918
Date Filed _____
birth

The undersigned does solemnly swear that certain facts on the certificate of _____

for Unnamed Bates (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept.20, 1920 (Date of Event)
in Burley, Idaho (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Thelma Mavis Bates
sex of child	boy	female
mother's first name	Esibella Jenkins	Isabell Jenkins

Subscribed and sworn to before me this 15 day of
October, 1982.
Notary Public, Teresa L. Clemmly
Residing at Burley Idaho
My commission expires April 3, 1985
(Seal)

x Thelma M. Keetle
Signature of Applicant
x 200 8 Longmont Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

OCT 15 1982

Own son's birth certif on file in Idaho #59-9687 gives child's nameas David Wilson Keith born Aug. 7, 1959 in Boise, Idaho. mxx mother's name as Thelma Marie Bates born in Burley, Idaho. viewed by V. S.

Certificate of Baptism from LDS Church gives name as Thelma Mavis Bates daughter of Arlin H. Bates and Isabell Jenkins. born Sept. 20, 1920 in Burley, Idaho. Baptized Oct. 6, 1928. viewed by V. Sx

Brother's birth certificate on file in Idaho #42306 gives name as Marvin L. Bates xx born Sept. 9, 1916 in Marion, Idaho. father's name as Arlin Bates and mother's name as Isabella Jenkins. viewed by V. S.

819-[illegible]-016-453

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 84919

Primary Registration District No. 2196 Registered No. 1756

FULL NAME OF CHILD MILDRED LOIS HARRIS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 29 1920

FATHER		MOTHER	
FULL NAME	Staton Harris	FULL MAIDEN NAME	Sarah Methard
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Texas	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley Ida

Filed 11-16-1920 Dr. J. C. Pattison
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1 1944

216-229-016-747

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 84920

Primary Registration District No. 216 Registered No. 756

FULL NAME OF CHILD Male Sawyer, Sybil Mae

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Oct. 29 1920

FATHER		MOTHER	
FULL NAME	Fred Sawyer	FULL MAIDEN NAME	Gertta Pugh
RESIDENCE	r Burley Ida	RESIDENCE	r Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Sumner Ida	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) G. H. Voegeli

Physician

(Physician or midwife)

Address r Burley Ida

Filed 11-16-1920 W. J. C. Patton

Registrar

944-113-016-298

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84921

Primary Registration District No. 2196 Registered No. 1757

FULL NAME OF CHILD Leroy Walter Rudolph

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 13 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred. Rudolph	FULL MAIDEN NAME	Wilma Brysdale
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley Ida

Filed 11-16-1920 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-223-016-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 84922

Primary Registration District No. 296 Registered No. 1758

FULL NAME OF CHILD Ellen Lilly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Aug. 23. 1920.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James A. Lilly	Rachel Thomas
RESIDENCE	Burley, Ida.	Burley, Ida
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	38.	35.
BIRTHPLACE	Spanish Fork, Utah	Spanish Fork, Utah
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Address Burley Ida

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed 11-16-1920 Dr. J. C. Patterson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE...

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

792-110-016-243

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84923

Primary Registration District No. 2196 Registered No. 1739

FULL NAME OF CHILD no name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug 10 1920

FATHER		MOTHER	
FULL NAME	Albert, Posey	FULL MAIDEN NAME	Mary Bailey
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Waco, Texas.	BIRTHPLACE	Grantsville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
Physician
(Physician or midwife)

Address Burley, Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 11-16-1920 Dr. J. C. Patterson
Registrar

155-206-016-955

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84924

Primary Registration District No. 2196 Registered No. 760

FULL NAME OF CHILD Marlene Jennings

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Sept 6 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lester Jennings	FULL MAIDEN NAME	Cristena Reese
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Levan, Utah	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	St. Clara, Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth | Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. H. Cooper

Physician

(Physician or midwife)

Address Burley, Ida

Filed 10-16-1920 Dr. J. C. Patterson

Registrar

MAR 30 1946

534 - 10 - 06 - 695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 117 File No. 84925

Primary Registration District No. 296 Registered No. 1761

FULL NAME OF CHILD Clark C. Elmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Oct 6 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William V. Elmer	Irene Winward
RESIDENCE	Burley Ida	Burley, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	Annabel Utah	Burrville Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

(Signature) W. A. Cooper

Physician
(Physician or midwife)

Address Burley Ida

Filed 11-16-20 Dr. J. C. Patterson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1947

693-131-016-867

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital —

Registration District No. 117 File No. 84926

Primary Registration District No. 2196 Registered No. 1762

FULL NAME OF CHILD Doyle Ernest Wilcox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 31 1920

FATHER		MOTHER	
FULL NAME	Ben Wilcox	FULL MAIDEN NAME	Lillian Hogan
RESIDENCE	Declo, Ida	RESIDENCE	~~Declo~~ Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Burley, Ida

Filed 11-16-1920 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-230-016-415

Form V. S. No. 11-C—25m-9-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 84927

Registered No. 1740

FULL NAME OF CHILD Alice Smedley

Sex of Child: Female

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of Birth: 10 (Month) 30 (Day) 1912 (Year)

FATHER	MOTHER
FULL NAME: C B Smedley	FULL MAIDEN NAME: Sarah E Manning
RESIDENCE: Burley	RESIDENCE: Burley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farming	OCCUPATION: Hswf

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 P. M. on the date above stated.

(Signature) F H Cutler

M.D.

(Physician or midwife)

Address Burley Ida

Filed 11-10 1912

H. J. Patterson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 [redacted]

314-122-014-253

PLACE OF BIRTH name added 1-29-82

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-5-17

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 84928.

Registered No. 1171

FULL NAME OF CHILD James Robert Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 22 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James R Campbell	Jennie Kelley
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Blacksmith	Hsf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) F. H. Cutler MD

(Physician or midwife)

Address Burley Idaho

Filed 11-10 1920 Dr. J. C. Patterson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-24-81

RECEIVED
JAN 26 1982
Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Cassia } ss.

Certificate No. 84928
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Campbell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-22-20 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	James Robert Campbell

Subscribed and sworn to before me this 6th day of January, 1982

Notary Public

Residing at Burley, Idaho

My commission expires Life

(Seal)

X James Robert Campbell
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona
County of Maricopa } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of January, 1982.

Notary Public Beverly A Bowers

Residing at 6101 East First Street, Scottsdale

My commission expires Beverly A. Bowers, Notary Public Maricopa County, Arizona

(Seal)

cc pd

My Commission Expires October 25, 1982

Supporting Signature

6226 E. Mockingbird Lane
Street Address, City, State
Scottsdale, AZ 85253

Marriage License from State of Idaho County of Cassia gives James R Campbell and Barbara R Staley were married in Burley on 6-15-47. Grooms date of birth 9-22-20. Viewed by V.S.

JAN 29 1982

Certificate of Eligibility from U.S. Veterans Administration gives James Robert Campbell born 9-22-20 entitled to Benefits. Dated May 1950. Viewed by V.S.

494-106-016-769

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 17 File No. 84929

Primary Registration District No. 2196 Registered No. 1742

Hospital .....

FULL NAME OF CHILD Baby Middleton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept. 6 1920

FATHER		MOTHER	
FULL NAME	M. V. Middleton	FULL MAIDEN NAME	Lucy Porter
RESIDENCE	Burley, Idaho	RESIDENCE	Burley Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

J. H. Cutler
(Physician or midwife)

Address M. D. Burley

Filed 11-10 1920

Dr. J. C. Bathurst
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-208-016-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Churchill

No. ..... St.

Registration District No. 117 File No. 84930

Primary Registration District No. 2196 Registered No. 173

Hospital .....

FULL NAME OF CHILD Baby Girl McArthur

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept. 8 1917

FATHER		MOTHER	
FULL NAME	John A. McArthur	FULL MAIDEN NAME	Pearl Anderson
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Cutler

M. D.
(Physician or midwife)

Address Burley Ida

Filed 11-10 1920 J. C. Patterson
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-208-016-253

Form V. S. No. 11-C—25m-8-6-17

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 84931

Primary Registration District No. 2196 Registered No. 1744

FULL NAME OF CHILD Baby Baer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Sept 9th 1940

	FATHER	MOTHER
FULL NAME	(Ed Baer) Ed Baer	
FULL MAIDEN NAME		Pearl Kelly
RESIDENCE	Burley, Idaho	Burley Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY	28 (Years)	21 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Mechanic	Housework

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 1 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:57 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. H. Cutler

M. D.
(Physician or midwife)

Address Burley

Filed 11-10 1940 Dr. J. C. Patterson Registrar

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

793-214-016-864

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-27

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84932

Primary Registration District No. 2196 Registered No. 143

FULL NAME OF CHILD Baby Gillman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 14 1926

FATHER		MOTHER	
FULL NAME	Chas F Gillman	FULL MAIDEN NAME	Erma Haines
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Contractor	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 10 a. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Carter

M.D. (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-10 1926 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491 - 118-C/4-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84933

Primary Registration District No. 2196 Registered No. 1746

FULL NAME OF CHILD Donald Alfred Drage

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 8 1917

FATHER		MOTHER	
FULL NAME	Alfred E Drage	FULL MAIDEN NAME	Rhoda Jorgensen
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Prof

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 a. M. on the date above stated.

(Signature) F H Cutler MD (Physician or midwife)

Address Burley Idaho

Filed 11-10-20 19.....

D. J. C. Patterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS 9 13 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss. Certificate No. 84933

County of Cache } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Drage (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept 18, 1920 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Marriage (Bible Record, Insurance Policy, Etc.) prepared on September 28, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Donald Alfred Drage

Subscribed and sworn to before me this 26th day of January, 1976

X Shauna D. Julian

Notary Public, residing at Logan, Utah

My commission expires 12/23/79

(Seal)

Signed Cyf L. Malof, Attorney-at-law

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

21 West Center, Logan, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 1976

Cyf L. Malof

Notary Public, residing at Logan, Utah

My commission expires July 9, 1979

(Seal)

Signed X Shauna D. Julian

(Signature of Any Credible Person)

585 East 700 North, Logan, Utah

(Street Address, City, State)

FORM DH 60-155 CL 1/14/76 nm

FEB 3 1976

Certif of Marriage from Utah gives names as Donald Alfred Drage and Dixie Lazell Sorenson. dated Sept 28, 1940. viewed by V. S.

Birth certif rom Iron County Hospital, Cedare City, Utah gives child's name as Jeffrey Carl Drage born Feb 19, ~~1950~~ 1950. ~~Xxxxxxxxxxxxxxx~~ viewed by V. S.
Father's name given as Donald Alfred ~~X~~Drage. and mother'snameas Dixis Lazell Sorenson. viewed by V. S.

419-205-016-755

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 84934

Registered No. 1747

FULL NAME OF CHILD Baby Martindale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 5 1920

FATHER		MOTHER	
FULL NAME	John C. Martindale	FULL MAIDEN NAME	Ida Gee
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.w.f.

Number of child of this mother, including present birth 11th Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M.D.

F. H. Cutler
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 1

..... Registrar

Filed 11-10-20 19.....

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-223-016-565

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital ..... Ruth Nadyne

Form V. S. No. 11-C—25m-8-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117

Primary Registration District No. 2196

File No. 84935

Registered No. 178

FULL NAME OF CHILD ..... Baby Shultz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	Sept 26 1926

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Shultz	Ella Noe
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	31
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farming	Housekeeping

Number of child of this mother, including present birth ... 3 ... Number of children of this mother now living, including present birth ... 3 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. H. Carter

M.D.
(Physician or midwife)

Address Burley Idaho

Filed 11-10 1926

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

28 1954

418-224-016-819

PLACE OF BIRTH name added 3-26-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-17

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 17

Primary Registration District No. 296

File No. 84936

Registered No. 1749

FULL NAME OF CHILD Lila Day

Sex of Child Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct. (Month) 24 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Ira H Day	FULL MAIDEN NAME Della Hazen
RESIDENCE Burley	RESIDENCE Burley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farming	OCCUPATION Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

(Signature) F K Carter

M.D. (Physician or midwife)

Address Burley Ida

Filed 11-10-20 19.... Dr. J. C. Patterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1976

2-4-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS

State of _____ } ss.
County of _____

MAR 11 7 58 AM '82

Certificate No. 84936
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Day (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-24-20 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Day	Lila Day

Subscribed and sworn to before me this 1st day of March, 1982

Notary Public Leslie J. Lenker

Residing at Bliss Idaho

My commission expires [illegible]

(Seal)

x Lila Day Yeaman
Signature of Applicant

Box 103 Albion Ida. 83311
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of Idaho } ss.
County of Gooding

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1982

Notary Public, Leslie J. Lenker

Residing at Bliss Idaho.

My commission expires [illegible]

(Seal)

L. K. Day
Supporting Signature

Box 2 Bliss Idaho 83314
Street Address, City, State

1 cc pd

Primary Service Award from LDS Church gives Lila Yeaman as receiving the certificate in 1964. Awarded for 10 years of service Viewed by V.S.

Marriage Certificate gives Vestal Eugene Yeaman and Lila Day were married 12-30-36 in Burley, Cassia County. Viewed by V.S.

281-227-016-456

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 84937

Primary Registration District No. 2196 Registered No. 139

FULL NAME OF CHILD ~~xxxxxx~~ Baby (Sharpe) Beverly Maxine Sharpe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct. 27 1920

FATHER		MOTHER	
FULL NAME	R.C. Sharpe	FULL MAIDEN NAME	Emma Dwyer
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Carpenter	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 30 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

ADG

State of California } ss.
County of Monterey }

Certificate No. 84937
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Beverly Maxine Sharp (Name on original certificate) who Born (Was born or died) on Oct. 27, 1920 (Date of event) in Burly, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	no name Sharp	Sharpe

Subscribed and sworn to before me this 28th day of June, 1941

Signed Mrs Emma Sharpe Conover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Notary Public, residing at Salinas, Calif
My commission expires Aug 24, 1944
[SEAL]

143 Harvest St - Salinas Calif
(Street Address, City, State)

Supporting Affidavit of a Second Person

AUG 6 1941

State of California } ss.
County of Monterey }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 1941

Signed Mrs Minnie Feist
(Signature of any credible person other than the previous affiant)

Notary Public, residing at Salinas, Calif
My commission expires Aug 24, 1944
[SEAL]

420 - 5th St Hollister Calif
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

349-222-016-318

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Declo — Registration District No. 117 — File No. 84938

No. ____ St. ____

Primary Registration District No. 2196 — Registered No. 137

Hospital ____ NELDA BLISS

FULL NAME OF CHILD Mary Curtis

Sex of Child: Girl | Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Oct (Month) 22 (Day) 1920 (Year)

FATHER

FULL NAME: R. J. Curtis

RESIDENCE: Declo, Ida

COLOR: W. — AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emma Taylor

RESIDENCE: Declo Idaho

COLOR: W. — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 A. M. on the date above stated.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley, Idn.

Filed Oct. 25 1920 — Dr. J. C. Patterson, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 84938

County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct. 22-1920 (DATE OF EVENT)

in Declo, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 20-1921 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Nelda Bliss Curtis

Subscribed and sworn to before me this 14 day of December, 1942

Mack W. Crouch

Notary Public, residing at Burley, Ida

My commission expires May 25, 1945

(SEAL)

Signed Emma Taylor Curtis

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

Declo, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of December, 1942

Charles J. Miller

Notary Public, residing at 4043 Lennox Blvd Inglewood Calif

My commission expires

(SEAL)

My Commission Expires May 29, 1944

Signed Warren R. Rollstin

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3928 W. 109th

(STREET ADDRESS, CITY, STATE)

Los Angeles, California

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 24 1942

236-126-016-85-6

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 84939

No. ____ St.

Primary Registration District No. 296

Registered No. 138

Hospital ____

FULL NAME OF CHILD Baby Stokes Thomas A.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 26 1920

	FATHER	MOTHER
FULL NAME	A. L. Stokes	FULL MAIDEN NAME Mary Howard
RESIDENCE	Burley Ida	RESIDENCE Burley Ida
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	34	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Oct. 30 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1944

168-219-016-249

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 117 — File No. 84940

No. ____ St.

Primary Registration District No. 2196 — Registered No. 1736

Hospital ____

FULL NAME OF CHILD Baby Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Oct. 19 1920

FATHER

FULL NAME E. A. Johnson

RESIDENCE Burley Idaho

COLOR W. — AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Nellie Smith

RESIDENCE Burley Idaho

COLOR W. — AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Filed Oct. 20 1920 — Dr. J. C. Patterson, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1969

493-217-016-755

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Declo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84941

Primary Registration District No. 216 Registered No. 133

FULL NAME OF CHILD Gail Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Oct. 17 1920

FATHER		MOTHER	
FULL NAME	M. A. Mitchell	FULL MAIDEN NAME	Mabel Penrod
RESIDENCE	Declo Ida.	RESIDENCE	Declo Ida.
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. .....19.....

.....
Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed Oct. 20 1920 Dr. J. C. Patterson
Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

Certificate No. 84941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Mitchell (Name on Original Certificate) who born (Was Born or Died) on Oct. 17, 1920 (Date of Event)
in Declo, Idaho (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Gail Mitchell

Subscribed and sworn to before me this 5th day of May, 1954.

Notary Public, residing at Burley Idaho
My commission expires 7/10/62
(Seal)

Signed Mabel Mitchell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Conway Apt. Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1954.

Notary Public, residing at Malta Idaho
My commission expires 7/10/62
(Seal)

Signed Julia Parker Ballard
(Signature of Any Credible Person)
Malta Idaho
(Street Address, City, State)

FORM DPH 55.155 NNCL 4-29-59. nm

MAY 24 1972.

Family Group record for Marshall W . Mitchell and Mabel Prenrod. gives daughter's name as Gail Mitchell. Born Oct. 17, 1920. Viewed by V. S

Own child's birthcertif. on file in Idaho (file No.52-3070) gives child' s name as Gay LaRae Keen. Born March 4, 1952. Father's name given as Orr Williams Keen and mother's name as Gail Mitchell. Viewed by V. S.

155-217-016-551

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 84942

Primary Registration District No. 296 Registered No. 134

FULL NAME OF CHILD Baby Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Oct. 17 1920

FATHER		MOTHER	
FULL NAME	R. A. Jensen	FULL MAIDEN NAME	Venora Evans
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:06 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Filed OCT. 20 1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33-105-016-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley Registration District No. 117 File No. 84943

No. ____ St.

Primary Registration District No. 2196 Registered No. 733

Hospital ____

FULL NAME OF CHILD Baby Talbot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 5 1920

	FATHER	MOTHER
FULL NAME	J. S. Talbot	FULL MAIDEN NAME Rachel Palmer
RESIDENCE	Oakley Idaho	Oakley Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

____ 19____
Registrar

Filed Oct. 12 1920 Dr. J. C. Patterson
Registrar

553 - 124 - 016 - 395

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

Amended 4-3-80

City of Burley

Registration District No. 117 File No. 84944

No. ..... St.

Primary Registration District No. 296 Registered No. 132

Hospital .....

FULL NAME OF CHILD Don Jesse Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Nelson	Nellie Livingston
RESIDENCE	Burley Idaho	Burley Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

..... 19.....

Registrar

Filed Oct. 30 1926

Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 2 1 43 PM '80

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Box Elder } ss.

Certificate No. 84944
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 24, 1920 (Date of Event)

in Burley (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Don Jesse Nelson
Full Maiden Name of Mother	Nellie Lungstone	Nellie Livingston

Subscribed and sworn to before me this 31 day of March, 19 80

Notary Public, Ruth Clement

Residing at Brigham City, Utah

My commission expires November 11, 1980

(Seal)

/ Don Jesse Nilson
Signature of Applicant

146 So 4th E Brigham Ut 84302
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

In office 3-21-80 no corresp. fc

Own child's birth certificate on file with Bureau of Vital Statistics, Boise, Idaho, gives name of father as Don Jesse Nelson. Child born July 14, 1942, in Burley, Idaho, state file # 358708.
Viewed by V.S.

Certificate of Blessing gives name as Dan Jessie Nelson son of Jessie Nelson and Nellie Livingston born October 24, 1920, at Burley, Idaho and Blessed December 5, 1920 in L.D.S.Church.
Viewed by V.S.

571-106-016-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 21 St.

Registration District No. 117 File No. 84945

Primary Registration District No. 296 Registered No. 131

Hospital

FULL NAME OF CHILD Baby Egan, Vaughn Ensign Egan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 6 1920

FATHER		MOTHER	
FULL NAME	O R Egan	FULL MAIDEN NAME	Leona Stocking
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Id.

Given names added from a supplemental report.

19

Registrar

Filed Oct. 12 1920

Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Certified Copy issued Dec. 17, 1940.

FEB 17 1971

266 - 204 - 016 - 656

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 84946

Primary Registration District No. 2196 Registered No. 1730

FULL NAME OF CHILD ~~Baby~~ NORMA ETHEL Bowen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Oct 4 1920

FATHER		MOTHER	
FULL NAME	W. J. Bowen	FULL MAIDEN NAME	Ethel Hawkins
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Shepherd	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:00 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report. ..... 19....

Registrar

Filed Oct. 12 1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif } ss.
County of Imperial }

Certificate No. 84946

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Bowen) Norma Ethel) who Born on Oct 4. 1920.
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Heber Idaho ~~are erroneous or were omitted~~; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Blessing Certificate prepared on February, 6th 1921, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Bowen	Norma Ethel Bowen

Subscribed and sworn to before me this 7th
day of April, 19 43

Vern R Mayers
Notary Public, residing at HEBER, CALIF.
My Commission Expires December 2, 1945
My commission expires
(Seal)

Signed Ethel Bowen Horkheimer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Imperial }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of May, 19 43

Vern R Mayers
Notary Public, residing at HEBER, CALIF.
My Commission Expires December 2, 1945
My commission expires
(Seal)

Signed Russell Stewart
(Signature of Any Credible Person Other Than Previous Year)

R#2 Box 341 El Centro Calif.
(Street Address, City, State)

AUG 4 1943

666-228-016-313

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

Amended 12/5/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 84947

No. ..... St.

Primary Registration District No. 2196

Registered No. 129

Hospital .....

FULL NAME OF CHILD Verla Woodbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Oct 28 1920

FATHER		MOTHER	
FULL NAME	J.M. Woodbury	FULL MAIDEN NAME	Edith Talbot
RESIDENCE	Burley Ida.	RESIDENCE	Lyman
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 30 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10/3/78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 23 4 26 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Payette } ss.

Certificate No. 84947

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Baby Woodbury (Name on Original Certificate) who was born (Was Born or Died) on 10/28/20 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing + Baptism Certificates (Bible Record, Insurance Policy, Etc.) prepared on (See Attached) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Woodbury	Verla Woodbury

Subscribed and sworn to before me this 18th day of October, 1978

Notary Public, residing at Fruitland, Id.

My commission expires 10-11-82

(Seal)

Signed Verla W. Koford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, New Plymouth, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Payette } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1978

Notary Public, residing at Fruitland, Id.

My commission expires 10-11-82

(Seal)

Signed V. Glen Koford
(Signature of Any Credible Person)

Rt. 1, New Plymouth, Id.
(Street Address, City, State)

FORM DH 60-155

Certif of Baptism and Confirmation from the LDS Church gives name as Verla Woodbury daughter of Francis N. Woodbury and Edith Talbot bonr Oct 28, 1920 at Burley, Idaho. Baptized June 2, 1929. viewed by V. S.

Certif of Blessing from the LDS church gives name as Verla Woodbury daughter of Francis N. Woodbury and Edith Talbot. born Oct 28th, 1920 at Burley, Idaho. Blessed Dec 5, 1920. viewed by V. S.

DEC 5 1978

245-228-016294

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ~ St.

Hospital ~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84948

Primary Registration District No. 2196 Registered No. 1726

FULL NAME OF CHILD no name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
X		yes	Oct. 28 1920

FATHER		MOTHER	
FULL NAME	Emulous Bunn	FULL MAIDEN NAME	Bertha Sides
RESIDENCE	Burley Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story

MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley Idaho

Filed Nov-1 1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-101-016-432

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia.

City of Burley. View Registration District No. 117 File No. 84949

No. ..... St.

Primary Registration District No. 216 Registered No. 121

Hospital .....

FULL NAME OF CHILD Clifton L. Burgess.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Oct. 1 19 20.

FATHER	MOTHER
FULL NAME: Charles L. Burgess	FULL MAIDEN NAME: Olive E. McBride
RESIDENCE: View, Burley.	RESIDENCE: View, Burley.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 24. (Years)	AGE AT LAST BIRTHDAY: 23. (Years)
BIRTHPLACE: American Fork, Utah.	BIRTHPLACE: American Fork, Utah.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5/20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) A. V. Bartz

(Physician or ~~midwife~~)

Address Burley, Idaho.

Filed Nov 1 19 20 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

213-104-016-393

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia.

City of Burley.

No. ..... St.

Hospital .....

Registration District No. 117 File No. 84950

Primary Registration District No. 2191 Registered No. 1728

FULL NAME OF CHILD Clarence Raymond Salmeier.

Sex of Child Male. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Oct. (Month) 4 (Day) 1920. (Year)

FATHER		MOTHER	
FULL NAME	Conrad Salmeier.	FULL MAIDEN NAME	Elizabeth Litz.
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 32. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 38. (Years)
BIRTHPLACE	Russia.	BIRTHPLACE	Russia.
OCCUPATION	Millman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Barla

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Burley, Idaho.

Filed Nov. 1 1920 Dr. J. C. Patterson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 5 1948

912 - 223 - 016 - 818

Form ~~V. S. No.~~ 1-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ~ St.

Hospital ~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84951

Primary Registration District No. 296 Registered No. 1225

FULL NAME OF CHILD ~~No Name~~ TESS MARIE RASMUSSEN

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	~		~	Yes	Oct. 23 1920

FATHER	MOTHER
FULL NAME George Rasmussen	FULL MAIDEN NAME Vinnie Haycock
RESIDENCE Burley, Idaho R.R. # 2	RESIDENCE Burley Idaho R.R. # 2
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Richfield - Utah	BIRTHPLACE Kanab, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a; M. on the date above stated.

(Signature) R. J. Drury

(Physician or midwife)

Address ~

Filed 10-26- 1920 Dr. J. C. Pattison Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Cassia }

SEP 24 1942

Certificate No. 84951
Date Filed 9-15-42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Tess Marie Rasmussen (Name on Original Certificate) who Born (Was Born or Died) on Oct. 23-1920 (Date of Event) in Burley. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Baptism Record (Bible Record, Insurance Policy, Etc.) prepared on Aug 6-1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Tess Marie Rasmussen

NOTARY PUBLIC in and for the County of Los Angeles, State of California.

Subscribed and sworn to before me this 15 day of September, 1942

Jesse D. Timmons
Notary Public, residing at Inglewood

My commission expires My Commission Expires June 7, 1946
(Seal)

Signed Lorinnie (Rasmussen) Herbert.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NOTARY PUBLIC in and for the County of Los Angeles, State of California } ss.
County of

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of September, 1942

Jesse D. Timmons
Notary Public, residing at

My commission expires My Commission Expires June 7, 1946
(Seal)

Signed N. B. Ettingshausen
(Signature of Any Credible Person Other Than Previous Year)

10509 Hawthorne St Inglewood Calif.
(Street Address, City, State)

OCT 1 0 1942

259-102-016-323

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 84952

Hospital

Primary Registration District No. 2196 Registered No. 1710

FULL NAME OF CHILD Baby Keim, Gerald Frank

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Oct 2 (Month) (Day) 1920 (Year)

FATHER

FULL NAME J. F. Keim

RESIDENCE Burley Idaho

COLOR W. AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Kansas

OCCUPATION Boggage Man

MOTHER

FULL MAIDEN NAME Edna Eathcart

RESIDENCE Burley Idaho

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas

OCCUPATION Hswf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 11:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Filed Oct. 12 1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 25, 1941. E.N.

JAN 24 1955

345-110-016-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84953

Primary Registration District No. 2196 Registered No. 722

FULL NAME OF CHILD Donald Elmer Cunningham

Sex of Child M | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer Cunningham	FULL MAIDEN NAME	Cora Robinson
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	American Fork, Utah	BIRTHPLACE	Elba, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story

M.D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 10-19-1920 Dr. J. C. Patterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385 - 215 - 016 - 155

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Amended 3/12/76

Registration District No. 117 File No. 84954

No. ✓ St.

Primary Registration District No. 2196 Registered No. 123

Hospital ✓

FULL NAME OF CHILD Inez Allene Cheney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 15 19 20

FATHER		MOTHER	
FULL NAME	Leo H. Cheney	FULL MAIDEN NAME	Allie J. Jensen
RESIDENCE	Burley - Idaho	RESIDENCE	Burley Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Fruitland N. Mexico	BIRTHPLACE	Provo Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) R. T. Story M.D.

(Physician or midwife)

Address Burley Idaho

Filed 10 - 19 - 20 Prof. C. Pattinson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR - 9 1976

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 11 2 25 PM '70

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 84954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cheney (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1920 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Inez Allene Cheney
Fathers name	Leo H. Cheeney	Leo Hilton Cheney

Subscribed and sworn to before me this 10 day of March 19 70

Elaine DeWitt
Notary Public, residing at Paris, Idaho
My commission expires May 13 1977
(Seal)

Signed Gail M Rich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Record of Blessing LDS Church Inez Allene Cheney Rich born Oct. 15, 1920, Burley, Idaho , father Leo H. Cheney mother Allie Jensen , blessed Dec. 5, 1920.
Viewed by VS

MAR 1 2 1976

Certificate of Baptism , LDS Church signed by Leo H.Cheney, Bishop, Inez Allen Cheney born Oct. 15, 1920 at Burley, Idaho father Leo H. Cheney, mother Allie Jensen , baptized Nov. 10, 1928.
Viewed by VS

513 - 222 016 - 253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of ~~Burley~~ Declo

No. ✓ St.

Hospital ✓

Registration District No. 117 File No. 84955

Primary Registration District No. 296 Registered No. 124

FULL NAME OF CHILD no name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct. 22 1920

FATHER	MOTHER
FULL NAME Claudius W. Vallette	FULL MAIDEN NAME Wilma Lenora Silver
RESIDENCE Declo	RESIDENCE Declo
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Pittsburgh Penn.	BIRTHPLACE Tamora Neb.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:55 A. M. on the date above stated.

(Signature) R. J. Storry

(Physician or midwife)

Address

Filed 10-26-1920 Pa. J. L. Patterson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-211-016-652

PLACE OF BIRTH name added 2-1-83

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley Registration District No. 117 File No. 84956

No. No. Overland St.

Primary Registration District No. 246 Registered No. 733

Hospital

FULL NAME OF CHILD Nellie May Trees

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1 (To be answered only in event of plural births)	1	Yes	October 11 1920

FATHER		MOTHER	
FULL NAME	Thomas R Trees	FULL MAIDEN NAME	Lillian West
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

(Signature) G. H. Smith MD

(Physician or midwife)

Address Burley Idaho

Filed 11-11-1920 H. J. C. Patterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-2-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of NEW MEXICO
County of SAN JUAN } ss.

RECEIVED VITAL STATISTICS JAN 12 2 29 PM '83

Certificate No. 84956
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Trees (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 11, 1920 (Date of Event)
in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Nellie May Trees

Subscribed and sworn to before me this 12th day of NOVEMBER, 19 82
Notary Public, E Dale Harris
Residing at 1601 Camino Placero, Farmington, NM
My commission expires JUNE 24, 1986
(Seal)

X Doris Rutherford
Signature of Applicant
2804 Marquette
Street Address, City, State
Farmington N. Mexico 87401

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature
_____
Street Address, City, State

Nellie May Trees (Gill M. Riley)

Idaho Public School Diploma gives Nellie May Trees completed course of study for elementary School Dept and was awarded diploma on May 23, 1935.
Viewed by VS

FEB 1 1983

Marriage License from State of Idaho County of Lincoln gives Carl Riley and Nellie May Trees were married August 14, 1937. Viewed by V.S.
Married in Gooding County, Gooding, Idaho.

639 - 202-016 - 646

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Cassia

City of Burley

No. RFD St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 84957

Primary Registration District No. 2196 Registered No. 1752

FULL NAME OF CHILD Helen Jane Olin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	1		1	Yes	Sept 2 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Olin	FULL MAIDEN NAME	Ellen O'Donnell
RESIDENCE	Burley Idaho R.F.D.	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Colorado	BIRTHPLACE	Wisconsin
OCCUPATION	Farm	OCCUPATION	Hsewfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley Idaho

Filed 11-11- 1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1942

795-122-014-444

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. Oakley St.

Hospital

Registration District No. 117 File No. 84958

Primary Registration District No. 2196 Registered No. 1751

FULL NAME OF CHILD Robert Allen Green
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	October 22, 1920

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Robert William Green	FULL MAIDEN NAME: Anna Dudley
RESIDENCE:	RESIDENCE: Idaho Falls
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 19 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Utah
OCCUPATION: farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:20 P. M. on the date above stated.

(Signature) G. R. Smith, M. D.

(Physician or midwife)

Address Burley, Idaho

Filed 11-11 1920 Dr. I. C. Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-117-016-414

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. Conant Ave

Registration District No. 117 File No. 84959

Primary Registration District No. 2196 Registered No. 1750

Hospital

FULL NAME OF CHILD Baby McCulloch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	Oct. 17 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Olson McCulloch	FULL MAIDEN NAME	Maude Maughan
RESIDENCE	Burley	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Supt. Sugar Factory	OCCUPATION	Hswfe

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley Idaho

Filed 11-11- 1920 Dr. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-109-016-219

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

Registration District No. 119

File No. 84960

No. ..... St.

Hospital At Home

Primary Registration District No. 2198

Registered No. .....

FULL NAME OF CHILD Arthur Fay Savage

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 9 1920

FATHER		MOTHER	
FULL NAME	Marion L. Savage	FULL MAIDEN NAME	Rosetta Barker
RESIDENCE	Elba Idaho	RESIDENCE	Elba, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Elba, Idaho.	BIRTHPLACE	Elba, Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:5 A M. on the date above stated.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Address Malta Idaho

Filed Nov. 28 1920 C. I. Sater Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1941

258-105-016-792

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119 File No. 84961

No. ..... St.

Hospital At Home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Arvil Leo Beyler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 5 1920

	FATHER	MOTHER
FULL NAME	Leo William Beyler	FULL MAIDEN NAME Gladys Gibson
RESIDENCE	Malta Idaho	Malta Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Fish Haven Idaho	Fish Haven Idaho
OCCUPATION	Farmer	Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 P M. on the date above stated.

(Signature) C. I. Slater M D

(Physician or midwife)

Address Malta Idaho

Filed Nov 28 1920 C I Slater
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 16, 1941. E.W.

859-122-016-993

PLACE OF BIRTH name added 7-13-83 dl

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Mm-8-8-17

CERTIFICATE OF BIRTH

84962

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXV

Primary Registration District No. 2199

Registered No. 23

FULL NAME OF CHILD Orville William Heiner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec 22 1920

FATHER		MOTHER	
FULL NAME	Orville Heiner	FULL MAIDEN NAME	Mildred Richens
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielsen
(Physician or midwife)

Given names added from a supplemental report.

Address Oakley Idaho

..... 19.....

Filed Nov 30 1920 A. F. O. Nielsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

6-1-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 12 9 20 AM '83

State of _____ } ss.
County of _____

Certificate No. 84962
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Heiner (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 22, 1920 (Date of Event)
in Oakley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Orville William Heiner

Subscribed and sworn to before me this 6th day of July, 1983
Notary Public, Robert N. Logan
Residing at Burley, Idaho
My commission expires 9-15-87
(Seal)

X Orville William Heiner
Signature of Applicant
X Box 22 Burley, Idaho 83318
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1983
Notary Public, Diane Walker
Residing at Burley Idaho
My commission expires 2-1-86
(Seal)

√E. Keith Heiner
Supporting Signature
RT #1 PAUL, IDAHO
Street Address, City, State

lcc pd

K

JUL 13 1983

Certificate of Ordination to the Priesthood in LDS Church gives Orville William Heiner was ordained a Teacher in the Aronic Priesthood on Nov 3, 1935. Viewed by V.S.

Honorable Discharge from U.S. Armed Forces lists Orville W Heiner born Oct 22, 1920 at Idaho was discharged Dec 31, 1945. Viewed by V.S.

381-128-016-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

Registration District No. 620

File No. 84963

No. ..... St.

Primary Registration District No. 199

Registered No. 54

Hospital .....

FULL NAME OF CHILD Earl H. Chapman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	/	Yes	Oct 28 1920

	FATHER	MOTHER
FULL NAME	Francis Marion Chapman	FULL MAIDEN NAME Caroline J. Callahan
RESIDENCE	Oakley, Idaho	RESIDENCE Oakley, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Utah
OCCUPATION	Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:40 a. M. on the date above stated.

(Signature) Jesse L. Rasmussen M.D.

(Physician ~~or midwife~~)

Address Oakley, Idaho

Filed Nov 30 1920

H. O. Nielson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1954

619-102-016-213

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84964

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXV

Primary Registration District No. 2199 Registered No. 10

FULL NAME OF CHILD Reid Cameron Fairchilds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Fairchilds	FULL MAIDEN NAME	Louie Ball
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Nielson (Physician or midwife)

Given names added from a supplemental report.

Address Oakley Idaho

..... 19.....

Filed Nov 30 1920 H. J. Nielson

..... Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1942

DEC 26 1961

412-104-016-656

PLACE OF BIRTH

AMENDED JUNE 20, 1949

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 84965

Primary Registration District No. 2199 Registered No. 11

FULL NAME OF CHILD Derald Fewkes Mabey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Sept. 4 1920

What bacteriacidal solution was used in eyes? .....

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Daniel Leonard Mabey	FULL MAIDEN NAME: LaVernie Fewkes
RESIDENCE: A Oakley, Idaho	RESIDENCE: Oakley, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson
(Physician or midwife)

Address Oakley, Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 11-30 1920 A. F. O. Nielson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth ~~or Death~~

State of Idaho
County of Cassia } ss.

Certificate No. 84965

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	Dan Maybe	Daniel Leonard Mabey
Name of Child	Unnamed Maybe	Derald Fewkes Mabey
Name of Mother	Vernie Fewkes	LaVernie Fewkes

Subscribed and sworn to before me this 15 day of June, 1949.
Marcia W. Farnsworth
Notary Public, residing at Burley Idaho
My commission expires May 28 1953
(Seal)

Signed LaVernie Fewkes Mabey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Oakley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

1 cp. pd.

JUN 20 1949

141-208-016-569

PLACE OF BIRTH

name added 9/8/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

84966

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. XXX

Primary Registration District No. 2144

Registered No. 12

FULL NAME OF CHILD Beth Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rome Adams	FULL MAIDEN NAME	Sarah Northington
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 1.30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Nielson (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Nov 30 1920 H. F. Nielson

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 18 1980
Bureau of Vi...

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Cassia } ss.

Certificate No. 84966
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for unnamed female Adams (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept. 8, 1920 (Date of Event) in Oakley, ID (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Beth Adams

Subscribed and sworn to before me this 29th day of April, 1979.

Notary Public Frank C. Harris
Residing at Burley, Idaho
My commission expires 4/6/79
(Seal)

Theria B. Adams
Signature of Applicant

Oakley, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

3/16/79 one cc as is

Certif of Baptism from the LDS Church gives nameas Beth Adams daughter of Rome Adams and Sarah H. Worthington. born Sept 8, 1920 at Oakley, Idaho. Baptized Mar 9, 1929. viewed by V. S.

SEP 1980

Famiy record gives nameas Beth adams born Spet 8, 1920. Blessed Nov 25, 1920 and Baptized Mar 9, 1929. viewed by V. S.

336-209-016-266

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84967

County of Cassia

~~City~~ of Almo

Registration District No. 12 File No. XX

No. ..... St.

Primary Registration District No. 2499 Registered No. 13

Hospital .....

FULL NAME OF CHILD Elizabeth Venola Lloyd ~~Not marked as yet~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			6	Yes	Sept (Month) 9 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willis J. Lloyd	FULL MAIDEN NAME	Mary A Bowen
RESIDENCE	Almo	RESIDENCE	Almo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Rochester Penn.	BIRTHPLACE	Herriman Utah
OCCUPATION	Farmer and Stockgrower	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Annie Green Almo

Filed Nov 30 1920 A. H. Nelson Idaho Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 6 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 84967

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Lloyd (Name on Original Certificate) who was born (Was Born or Died) on Sept. 9, 1920 (Date of Event) in Almo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Elizabeth Venola Lloyd

Subscribed and sworn to before me this 30th day of May, 1966

Wallace A. Hale

Notary Public, residing at Cahill Idaho

My commission expires May 1/2th 1968

(Seal)

X Signed Louise Thayton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 1 cp pd rec # 11675

L.D.S. Church Cert. of Blessing, March 6, 1921 gives full name as Elizabeth Venola Lloyd, daughter of Willis Jacob Lloyd and Mary A. Bowen, born September 9, 1920 at Almo, Idaho - viewed by V.S.

JUN 9 1966

L.D.S. Church Cert. of Baptism and Confirmation, July 7, 1929 gives full name as Elizabeth Venola Lloyd, daughter of Willis Jacob Lloyd and Mary A. Bowen, born September 9, 1920 at Almo, Idaho - viewed by V.S.

813-217-016-466

Form V. S. No. 11-C—2Im-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

84968

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXV

Primary Registration District No. 2194 Registered No. 14

FULL NAME OF CHILD Lila Rachel Hale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept 17 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Loyal T. Hale	FULL MAIDEN NAME	Lila Thoso
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. O. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Nov 30 1920 A. T. O. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 16 1975
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84968

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hale (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1920 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) ....., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lila Rachel Hale

Subscribed and sworn to before me this 11 day of
SEPTEMBER, 19 75
Notary Public, residing at .....
My commission expires 9-26-76
(Seal)

Signed Sarah Wright (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
2303 Park Ave. Burley Ida 83318
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of
SEPTEMBER, 19 75
Notary Public, residing at .....
My commission expires 9-26-76
(Seal)

Signed Donna Campbell
(Signature of Any Credible Person)
1664 Jackson Ave. Burley Ida 83318
(Street Address, City, State)

FORM DH 60-155 CL 9/8/75

Certif of Baptism and Confirmation from the LDS Church gives name as Lila Rachel Hale daughter of Loyal S. Hale and Lila M. Mooso. born Sept. 17, 1920 at Oakley Idaho. Baptized Nov. 2, 1930. viewed by V. S.

SEP 19 1975

Certif of Blessing from the LDS Church gives nameas Lila Rachel Hale daughter of Loyal Hale and Lila Mooso. Born Sept. 17, 1920 at Oakley, Idaho. Blessed Nov.7, 1920. viewed by V. S.

141-120-016-666

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Almo

No. ..... St.

Hospital .....

Registration District No. 120 File No. 84969

Primary Registration District No. 2199 Registered No. 13

FULL NAME OF CHILD LaMont Reed Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sep. (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Job Adams	FULL MAIDEN NAME	Amanda Woolf
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	~~Hy~~ Harrisville Ut.	BIRTHPLACE	Hyde Park Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned Alive (Born alive or stillborn), at .730 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Almo Idaho

Filed Nov 30 1920 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/29/41. w.h.

FEB 11 1960

168-101-016-713 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84970

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. XXV

Primary Registration District No. 2199 Registered No. 16

FULL NAME OF CHILD William Byron Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	William Lucian Johnson	FULL MAIDEN NAME	Alma Florence Galloway
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Washington
OCCUPATION	Manager lumber yard	OCCUPATION	Housewife

Number of child of this mother, including present birth N Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L Rains, M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Oakley, Idaho

Filed Nov 30 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 3 1942

FEB 16 1983

12/17/40 L. B.

659-101-016-613

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. 84971

Primary Registration District No. 2199 Registered No. 17

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	Oct 1 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Elmer Weighall	FULL MAIDEN NAME	Nettie Eliza Walker
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rainey M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

Filed Nov 30 1920 N. W. Nielson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-107-016-434

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84972

County of Cassia

City of Moulton

Registration District No. 120 File No.

No. St.

Primary Registration District No. 2194 Registered No. 18

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	-		-	Yes	Oct 7 1920

FATHER		MOTHER	
FULL NAME	David Saunders	FULL MAIDEN NAME	Jessie M Donald
RESIDENCE	Moulton Idaho	RESIDENCE	Moulton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rose L Ramsey M.D.

(Physician ~~or midwife~~)

Address Oakley, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 30 1920

A. D. Jackson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 - 212 - 016 - 396

PLACE OF BIRTH

STATE OF I[redacted]
BUREAU OF VITAL[redacted]

CERTIFICATE OF BIRTH

84973

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 130

File No. XXV

Primary Registration District No. 2199

Registered No. 19

FULL NAME OF CHILD Bessie Carson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John V. Carson	FULL MAIDEN NAME	Myrtle Croft
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.35 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed Nov 31 1920 A. F. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 12 1976

391-216-016-414

amended 5/13/80

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2[illegible]-8-8-17

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 152

Primary Registration District No. 2199

File No. ~~84974~~ 84974

Registered No. 2

FULL NAME OF CHILD Carol Elizabeth Cranney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 16 1920

FATHER		MOTHER	
FULL NAME	Martin W. Cranney	FULL MAIDEN NAME	Elizabeth Matthews
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.55 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nielson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley, Idaho

..... Registrar

Filed Nov 30 1920 A. O. Nielson
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

JAN 16 1972

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Cassia }

Certificate No. 84974

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cranney (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 16, 1920 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on March 2, 1971 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Carol Elizabeth Cranney
Full Name of Father	Mortin Cranney	Martin W. Cranney

Subscribed and sworn to before me this 2 day of March, 1971.

Notary Public, residing at Oakley, Idaho
My commission expires April 26th, 1972
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oakley, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of March, 1971.

Notary Public, residing at Oakley, Idaho
My commission expires April 26th, 1971
(Seal)

Signed Claudia Martin (Signature of Any Credible Person)

Oakley Idaho (Street Address, City, State)

FORM DH 60-155 CL 6-1-67. one copy pd. rec. #12429.

Marriage Cetif from Utah gives names as Glen Passey Ward and Carol Elizabeth Cranney. dated April 9, 1942. viewed by V. S.

MAY 13 1980

Churchrecord from LDS Church gives name as Martin Wyndon Cranney born Dec 29, 1888 at Logan. Utah. Baptized Jan 18, 1898. father's name as Willard Duane Cranney and mother' s name as Hattie Woolf. daxx daughter 1s name as Carol Elizabeth Cranney born Oct 16, 1920. viewed by V. S.

633-120-016-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120

File No. 84975

Primary Registration District No. 2199

Registered No. 22

FULL NAME OF CHILD ALTON HUBER Oakley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 20 1920

FATHER		MOTHER	
FULL NAME	David Oakley	FULL MAIDEN NAME	Margaret Thompson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. O. Nielson (Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 20 1920 N. O. Nielson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. JAN 14 1942 Certificate No. 84975

County of Salt Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Ottley	Alton Huber Ottley

Subscribed and sworn to before me this 12 day of Jan., 1942

Chas. R. Woolfenden

Notary Public, residing at Salt Lake City, Utah

My commission expires 3/23/45

(SEAL)

Signed David T. Ottley

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2771 Cypress St. Magna, Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Jan., 1942

Chas. R. Woolfenden

Notary Public, residing at Salt Lake City, Utah

My commission expires 3/23/45

(SEAL)

Signed John G. Ottley

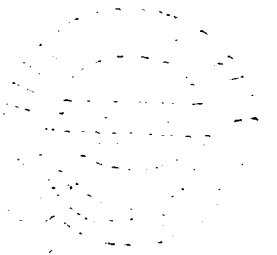
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Magna, Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By .....

(REGISTRAR'S SIGNATURE)



254-205-018
699

PLACE OF BIRT[redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 84976

No. ..... St.

Primary Registration District No. 2168 Registered No. 70

Hospital .....

FULL NAME OF CHILD Verle LaVerta Knutson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 5 1920

FATHER		MOTHER	
FULL NAME	Fred W. Knutson	FULL MAIDEN NAME	Ada Orr
RESIDENCE	Orofino Idaho	RESIDENCE	Orofino Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	So. Dak.	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Ida

Filed Nov 5 1920 J. McFairly
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1959

APR 27 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-205-018-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Cuffendish

No. ..... St.

Registration District No. 90

File No. 84977

Primary Registration District No. 2168

Registered No. 71

Hospital .....

FULL NAME OF CHILD Elsie May Parsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Nov (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jesse S. Parsley.	FULL MAIDEN NAME	Violet Peterson
RESIDENCE	Tekoa Idaho	RESIDENCE	Tekoa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella W Horswell
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida.

Filed Dec 3 1920

J M Finley
Registrar

Registrar

S-Y-CO 36071

MAY 22 1942

215-207-018-592

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Grier

No. ..... St.

Hospital .....

Registration District No. 90 File No. 84978

Primary Registration District No. 2168 Registered No. 72

FULL NAME OF CHILD ELIZABETH ANN SANFORD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		Yes	11/7/20 19

FATHER		MOTHER	
FULL NAME	Leo Marion Sanford	FULL MAIDEN NAME	Minnie Erb
RESIDENCE	Grier Idaho	RESIDENCE	Grier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile M Horswell
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Orofino Idaho

Filed Dec 3 1920

J M Farley
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 84978

State of Idaho } ss.
County of Nez Perce

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Female Unnamed (NAME ON ORIGINAL CERTIFICATE), who was born (WAS BORN OR DIED) on Nov 9th 1921 (DATE OF EVENT) in Greer Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Personal Knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 1st 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Elizabeth Ann Sanford

Subscribed and sworn to before me this 1st day of July, 19 43.

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Lewiston Idaho

My commission expires April 15th 1947

.....
(STREET ADDRESS, CITY, STATE)

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 19 43.

Signed Betty Baun
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Lewiston Idaho

My commission expires April 15-1947

519-7 Ave., Lewiston, Idaho.
(STREET ADDRESS, CITY, STATE)

(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUL 12 1943

263-107-018-799

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Grier

Registration District No. 90 File No. 84979

No. ..... St.

Primary Registration District No. 2168 Registered No. 73

Hospital .....

FULL NAME OF CHILD William Ellis Bolon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	11/7/20 (Month) (Day) 19.... (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Gilliam Bolon	FULL MAIDEN NAME	Helen Grier
RESIDENCE	Grier Ida	RESIDENCE	Grier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 60 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric W Horswill
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Idaho

Filed Dec 3 1920 J M Twinty Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

DEC 2 1965

MAY 3 1973

855-209-035-279

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

84980

County of Ada Boise

City of Boise Registration District No. 10 File No.

No. St. Primary Registration District No. 2168 Registered No.

Hospital

FULL NAME OF CHILD Lois Ann Henderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	11/9/30 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Baxter T Henderson	FULL MAIDEN NAME	Grace L Brumgalow
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Painter	OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W Boswell

Ontario Idaho
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 3 1930

J M Fairley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Nez Perce } ss.

JUN 22 1945

Certificate No. 84980

Date Filed June 19, 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Henderson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 9, 1920 (Date of Event) in Peck, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 12, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Henderson	Lois Henderson (Lois Ann Henderson)

Subscribed and sworn to before me this 19th day of June, 1945

Teresa Schuermann
Notary Public, residing at Lewiston Ida
My commission expires April 1949
(Seal)

Signed Grace A Henderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1219 Idaho St, Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 1945

Teresa Schuermann
Notary Public, residing at Lewiston Ida
My commission expires April 1949
(Seal)

Signed Maisie Schuermann
(Signature of Any Credible Person)
1226 14th St
Lewiston Idaho
(Street Address, City, State)

JUN 25 1945

215-110-018-962

PLACE OF BIRTH amend 7-6-82

[redacted] DAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Clearwater

City of Greer

No. ..... St.

Hospital .....

Registration District No. 90 File No. 84981

Primary Registration District No. 2168 Registered No. 75

FULL NAME OF CHILD Richard Burton Sanford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Boy		Yes	11/10/30

FATHER		MOTHER	
FULL NAME	Jesse Harold Sanford	FULL MAIDEN NAME	Angel Robinett.
RESIDENCE	Greer Idaho	RESIDENCE	Greer Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	So Dak.	BIRTHPLACE	Idaho,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 90 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eele M Horswell
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Idaho.

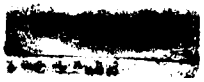
Registrar

Filed Dec 31 1930 J. M. Ranky Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



12-5-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Lewis } ss.

Certificate No. 84981
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unanmed Sanford (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 9, 1920 (Date of Event)

in Greer (Clearwater) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs name	Unnamed	Richard Burton Sanford
birth date	Nov 9, 1920	Nov 10, 1920

Subscribed and sworn to before me this 9th day of February, 1981.

Notary Public, _____
Residing at Kamiah, Idaho
My commission expires life term
(Seal)

Helen W. Moffett
Signature of Applicant

812 - 1st St. Kamiah Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd.

Honorable Discharge from U.S. Armed Forces gives Richard B. Sanford born 11-10-20 in Greer, Idaho was discharged 10-3-45. Viewed by V.S.

JUL 6 1982

Record from Family Book gives Richard Burton Sanford born 11-10-20 in Greer to Lorraine Baker and John Sanford. Last date recorded in record was Aug 31, 1957. Viewed by V.S.

759-110-018-759

PLACE OF BIRTH

Form V-S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Wiippe

No. ..... St.

Hospital .....

Registration District No. 90 File No. 84982

Primary Registration District No. 2168 Registered No. 76

FULL NAME OF CHILD Kermit ~~[illegible]~~ EUGENE Perkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	11 (Month) / 10 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jerry Maurice Perkins	FULL MAIDEN NAME	Virginia Perkins
RESIDENCE	Wiippe Ida	RESIDENCE	Wiippe Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell
(Physician or midwife)

Address Orofino Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 2 1920 J M Fairley
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Clearwater }

Certificate No. 84982

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kermit Perkins (Name on Original Certificate) who born (Was Born or Died) on Nov 10 - 1920 (Date of Event)
in Orofino (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Nov 10 - 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Kermit Perkins	Kermit Eugene Perkins

Subscribed and sworn to before me this 13
day of March, 1942

Signed Mrs. J M. Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Notary Public for State of Idaho, residing at Weippe
My commission expires (Seal) therein. My commission expires Oct. 5, 1944.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Clearwater }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of March, 1942

Signed Fleet Jordan
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires (Seal) Notary Public for State of Idaho, residing at Weippe therein. My commission expires Oct. 5, 1944.
(Street Address, City, State)

253 - 213 - 018 - 114

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino Registration District No. 90 File No. 84983

No. ..... St.

Hospital ..... Primary Registration District No. 2168 Registered No. 77

FULL NAME OF CHILD Dorothy Jane Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 13 1920

	FATHER	MOTHER
FULL NAME	Roland V. Bell	Ellen James
RESIDENCE	Weippe Ida	Weippe Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Mich	Mich
OCCUPATION	School Teaching	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Family

Physician
(Physician or midwife)

Address Orofino Ida

Filed Nov 13 1920

J. M. Family
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1972

295-217-018-296

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Gilbert

No. ..... St.

Hospital .....

Registration District No. 90 File No. 84984

Primary Registration District No. 2168 Registered No. 78

FULL NAME OF CHILD Averill Jean Biegert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 17 1920

FATHER		MOTHER	
FULL NAME	Harvey Biegert	FULL MAIDEN NAME	Esther Brown
RESIDENCE	Gilbert Idaho	RESIDENCE	Gilbert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Orofino Idaho

Filed Nov 17 1920 J. M. Fairly Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-220-018-356

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

File No. 84985

Primary Registration District No. 2168

Registered No. 78

FULL NAME OF CHILD Anna Elizabeth Wohlen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Nov 20 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul Andrew Wohlen	FULL MAIDEN NAME	Viola Lewis
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wisconsin
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W Horswill
Orofino Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 2 1920

Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1960

FEB 2 3 1943

231-129-018-915

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

84986

County of Clearwater

City of Orofino

Registration District No. 90 File No. ~~60~~

No. ..... St.

Primary Registration District No. 2168 Registered No. 80

Hospital .....

FULL NAME OF CHILD Melvin ~~Lewis~~ LOUIS Stanek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 29 1920

FATHER		MOTHER	
FULL NAME	James J. Stanek	FULL MAIDEN NAME	Emma Zalenka
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fasch

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino, Ida

Filed Nov 29 1920 J. M. Fasch Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss.

Certificate No. 84986

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Melvin Lewis Stanek (Name on Original Certificate) who born (Was Born or Died) on November 29, 1920 (Date of Event)
in Orofino Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Shortly after Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Melvin Lewis	Melvin Louis Stanek

Subscribed and sworn to before me this 16
day of July 1942
Notary Public, residing at Orofino Idaho
My commission expires May 10, 1945
(Seal)

Signed James Joseph Stanek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Orofino Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Clearwater } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16
day of July 1942
Notary Public, residing at Orofino
My commission expires May 10, 1945
(Seal)

Signed Mrs. Emma Stanek
(Signature of Any Credible Person Other Than Previous Year)
Orofino Idaho
(Street Address, City, State)

JUL 2 1 1949

168-219-017-238

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STAT[redacted]
BUREAU OF [redacted]TICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125 File No. 84987

No. ..... St.

Hospital Home

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Fern Elizabeth Johnson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		Yes	Nov 19 1920

	FATHER	MOTHER
FULL NAME	Robert Johnson	FULL MAIDEN NAME Ellen A Schumacker
RESIDENCE	Dubois	RESIDENCE Dubois
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	N C	BIRTHPLACE Idaho
OCCUPATION	Forest Ranger	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:35 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C E Jones M D
(Physician or midwife)

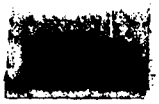
Address Dubois Idaho

Filed Nov 19 1920 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 19 1943

926-219-017-168

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital Rosemary Lane

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 84988

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Margaret Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	11 17 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jabez E. Richardson	Verrill Johnston
RESIDENCE	Cassas Idaho	Cassas, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	17
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Howard Young

Physician

(Physician or midwife)

Address Dubois, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 26 1920 C E Jones M D

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1959

JUN 2 2 1958

942-206-017-993

Amended May 29, 1963

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 84989
Local Reg. No. 125
Reg. Dist. No. 2203

1. PLACE OF BIRTH

a. COUNTY: Clark

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dubois

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamer

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Dora

b. (Middle): May

c. (Last): Rush

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): November 6, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Wm.

b. (Middle): E.

c. (Last): Rush

8. COLOR OR RACE: White

9. AGE (At time of this birth): 21 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Neb.

11a. USUAL OCCUPATION: R.R. Section Hand

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Nellie

b. (Middle): J.

c. (Last): Richardson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. Howard Young

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Dubois, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov 20, 1920

20. REGISTRAR'S SIGNATURE: C. E. Jones, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed
STRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
ndence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

[illegible] operations for delivery:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAY 22 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 84989

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nellie Rush (Name on Original Certificate) who was born (Was Born or Died) on Nov 6, 1920 (Date of Event)
in Dubois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Nellie Rush	Dora May Rush

Subscribed and sworn to before me this 21st day of May, 1963

Notary Public, residing at Pocatello, Ida
My commission expires July 25, 1965
(Seal)

Signed Nellie Rush McDonald
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Statement regarding church records issued 3-6-1963 states Dora May Rush born Nov 6, 1920 at Dubois, Idaho baptized St. John's Lutheran Church, Idaho Falls, Idaho on March 27, 1955. viewed by V.S.

Term Report Card Hamer School Dist. No. 1, Bernice Stredder, teacher issued May 19, 1933 gives name as Dora Rush. viewed by V.S.

Certificate of Award, Jefferson County, Idaho gives name as Dora Rush. Issued Feb 6, 1931. A. B. Jones Supt. viewed by V.S.

A child's birth certificate, Idaho #274707, gives mother's name as Dora May Rush.

249-107-013-252

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Camas

City of Soldier

No. 1 Mile East St.
1½ " South

Hospital

Registration District No. 58d

Primary Registration District No. 2138

File No. 84990

Registered No.

FULL NAME OF CHILD Harold I. Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes.	Nov. 7th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jay Smith	FULL MAIDEN NAME	Erma Omega Best
RESIDENCE	Soldier, Idaho	RESIDENCE	Soldier, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck

Phys. (Physician or midwife)

Given names added from a supplemental report.

Address Fairfield, Idaho

19

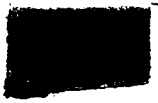
Filed Nov. 18 1920 L. Wilencheck

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 17 1 08 PM '73

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 84990

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Smith (Name on Original Certificate) who was born (Was Born or Died) on November 7, 1920 (Date of Event)
in Soldier, Camas County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Harold Ivan Smith

Subscribed and sworn to before me this 14th day of September, 1973

Glenda Mae Lewis

Notary Public, residing at Boise

My commission expires 7/15/76

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2720 Heron St. Boise Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Union }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Sept., 1973

Notary Public, residing at Union, Oregon

My commission expires May 11, 1976

(Seal)

Signed [signature] (Signature of Any Credible Person)

[signature] Union, Oregon (Street Address, City, State)

FORM DH 60-155

US Army Discharge - Harold I. Smith born Fairfield, Idaho , Army Serial No. 39 934 679 date of induction Aug. 29, 1944 ; date of separation April 4, 1946 .
Viewed by VS

SEP 17 1973

(certified copy)
Marriage license & Certificate State of Idaho County of Camas
Harold I. Smith & Violet Heath August 15,1941 . Copy by Estelle Vaught
Camas County Recorder July 24, 1967.

Viewed by VS

236 - 119 - 013 - 455

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Coral

No. 2 miles North 1 mile East St.

Registration District No. 58 Ch

Primary Registration District No. 2138

File No. 84991

Registered No.

Hospital

FULL NAME OF CHILD Henry Earl Blom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes.	Nov. 15 1920

FATHER		MOTHER	
FULL NAME	Andrian Tones Blom	FULL MAIDEN NAME	Anna DeVries Devries
RESIDENCE	Coral, Idaho	RESIDENCE	Coral, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Wilencheck

Phys (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov 18 19 20 L. Wilencheck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 12 1982

made year of birth more clear was blurred

279-122-013-238

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58 2

Primary Registration District No. 2138

File No. 84992

Registered No. .....

FULL NAME OF CHILD Bruce Daniel Spratt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	Nov. 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bruce Daniel Spratt	FULL MAIDEN NAME	Florence Schwindman
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Creamery agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I Wilencheck

Phys (Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 26 1920

I Wilencheck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1943

854 -126-013-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-5-17

PLACE OF BIRTH

County of Camas

City of Corral

No. 4 miles North St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 58 d

Primary Registration District No. 2138

File No. 84993

Registered No.

FULL NAME OF CHILD Edwin Louis Hedden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	Nov. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence D. Hedden	FULL MAIDEN NAME	Clara Kimmel
RESIDENCE	Corral, Idaho	RESIDENCE	Corral, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Corral, Idaho	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Willencheck

Phys (Physician or midwife)

Address Fairfield Idaho

Given names added from a supplemental report.

.....19.....

Registrar

Filed Dec 1 1920

L Willencheck

Registrar

OCT 1941

JUL 1 3 1942

FEB 1 9 1970

816 - 212-020 - 279

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]

CERTIFICATE O[redacted]

File No. 84994

County of Elmore

City of Glenn's Ferry Registration District No. 35

No. _____ St.

Primary Registration District No. 2021 Registered No. _____

Hospital _____

FULL NAME OF CHILD Lila Viola Hawkins

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	yes	Nov. 12 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Lawrence Hawkins	FULL MAIDEN NAME: Alma Viola Spratt
RESIDENCE: Glenn's Ferry Idaho	RESIDENCE: Glenn's Ferry Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Car Inspector	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 12, 1920, at 5:06 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) J. W. Davis M.D.
Physician & Surgeon
(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Nov. 17 1920 J. W. Davis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 1 1 1969

243-210-020-262

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of King Hill

Registration District No. 35 File No. 84995

No. ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Elaine Bullock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single		yes	Nov 10 1920

FATHER	MOTHER
FULL NAME: Mark A. Bullock	FULL MAIDEN NAME: Alice Bobin
RESIDENCE: King Hill Idaho	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Lumber Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 10. 1920, at 4 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician
(Physician or midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Nov. 15 1920

J. W. Davis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1963

555-204-021-551

Fo[redacted]m-7-21-19

PLACE OF BIRTH

Amended 9/19/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

Registration District No. 27 File No. 84996

Primary Registration District No. 2119 Registered No. 337

FULL NAME OF CHILD Sybil Neeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie A. Neeley	FULL MAIDEN NAME	Mary Evans
RESIDENCE	Riverdale, Idaho	RESIDENCE	Riverdale, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Logan, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alove (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed 12/7 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 3 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 21 9 30 AM '78

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 84996

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Neeley (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1920 (Date of Event)
in Riverdale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Sybil Neeley

Subscribed and sworn to before me this 15th day of August, 1978

Notary Public, residing at Logan, Utah

My commission expires Nov 15, 1978

(Seal)

Signed Victor McBride
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

540 E 4 N Logan Ut
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of August, 1978

Notary Public, residing at Logan, Utah

My commission expires Nov 15, 1978

(Seal)

Signed Emily K. Evans
(Signature of Any Credible Person)

Preston Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/30/74

Certif of Blessing from the LDS Church gives name as Sybil Neeley ~~xxx~~ daughter of

Leslie A. Neeley and Mary Evans. Nov 4, 1920 at Riverdale, Idaho Blessed
Dec 16,1920 viewed by V. S.

SEP 19 1978

First Baptism Certifi from LDS Church gives name as Sybil Neeley dated Dec 4, 1928
by Elder Joseph C. Jorgensen and Elder John J. James. viewed by V. S.

153-5861
0733

445-204-021-366

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Franklin

CERTIFICATE OF BIRTH

City of Whitney

Registration District No. 27

File No. 84997

No. ..... St.

Primary Registration District No. 2119

Registered No. 336

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	May 4 1920

FATHER	MOTHER
FULL NAME: Lester LeRoy Dunkley	FULL MAIDEN NAME: Rosella Lowe
RESIDENCE: Whitney, Idaho	RESIDENCE: Whitney, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Whitney,	BIRTHPLACE: Franklin, Idaho
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 12:1 A. M. on the date above stated.

(Signature) Allen D Curtis

Physician
(Physician or midwife)

Address Preston, Idaho

Filed 12 7 1920

D A Curtis
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

465-216-021-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 84998

Primary Registration District No. 2114 Registered No. 334

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. (Month) 16 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alma H. Monson	FULL MAIDEN NAME	Margaret E. Peterson
RESIDENCE	Preston, Ida.	RESIDENCE	Preston, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Whitney, Ida	BIRTHPLACE	Preston, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed 12/7 1920

D. A. R. Cutler
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-230-021-469 CHILD'S NAME ADDED 11-8-2007 CMW

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Clifton

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. **84999**

Primary Registration District No. 219 Registered No. 333

FULL NAME OF CHILD IRENE SPACKMAN

Sex of Child female. | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Nov 30 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Lee Spackman

RESIDENCE Clifton, Ida.

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Idah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary E. Morgan

RESIDENCE Clifton, Ida.

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kaysville, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

(Signature) Allen R Crilly

Physician

(Physician or midwife)

Address Preston, Idaho.

Filed 12/7 1920 Dal Cutler Registrar

RECEIVED
NOV - 7 2017

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 1920-84999
Date Filed 12/07/1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for unnamed Spackman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11/30/1920 (Date of Event)
in Clifton (Franklin Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	none	Irene Spackman

Subscribed and sworn to before me this 2 day of November, 2007
Notary Public Lynsi Johnson
Residing at 456 NSR 32 Oakley, UT
My commission expires 6/30/09
(Seal)

NOTARY PUBLIC
LYNSI JOHNSON
5 So. Main - PO Box 1000
Kamas, UT 84036
My Commission Expires
June 30, 2009
STATE OF UTAH

Irene Spackman
Signature of Applicant
1243 S. Hoytsville Rd Coalville, UT 84017
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant
_____
Street Address, City, State and Zip

October 30, 2007

THE CHURCH OF JESUS CHRIST OF LATER-DAY SAINTS HISTORICAL DEPT CERTIFICATE OF BIRTH IRENE SPACKMAN BORN 11-30-1920 IN CLIFTON (FRANKLIN CO), ID MARCH 11, 1981 VIEWED BY VS

UTAH BC BIRTH #14349 220188 GORDON WILDE BORN 10-16-1949 IN OAKLEY (SUMMIT CO), UT MOTHER'S MAIDEN NAME IRENE SPACKMAN 12-13-1949 VIEWED BY VS

355-103-021-819

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85000

Primary Registration District No. 2119 Registered No. 332

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes.	Nov. (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Perry Lee	FULL MAIDEN NAME	Bertha Harmon
RESIDENCE	Clifton, Ida.	RESIDENCE	Clifton
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Clifton	BIRTHPLACE	Fairview, Wyoming
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Ida.

Filed 12/7 1920

D R Cutler
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 4 1972

713-201-021-299

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale

Registration District No. 27 File No. 85001

No. ..... St.

Primary Registration District No. 2119 Registered No. 331

Hospital .....

FULL NAME OF CHILD Violate Packer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov. (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm M Packer	FULL MAIDEN NAME	Celesta W. Bright
RESIDENCE	Riverdale, Ida.	RESIDENCE	Riverdale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Riverdale, Ida	BIRTHPLACE	Franklin, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed 12/7 1920 Dr C R Cutler Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-228-021-294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 27

File No. 85002

No. ..... St.

Primary Registration District No. 2119

Registered No. 330

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 28 1920

FATHER		MOTHER	
FULL NAME	Solomon P. Robins	FULL MAIDEN NAME	Henrietta Simmonds
RESIDENCE	Weston, Ida.	RESIDENCE	Weston, Ida.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was normal (Born alive or stillborn), at 9:30 P M. on the date above stated.

(Signature) Allen R Curtis

Physician
(Physician or midwife)

Address Preston, Idaho

Filed 12/7 1920 D A R Cullen
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-201-021-266

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No. ..... *St.*

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 85003

Registered No. 323

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Yes.	Nov. 1 1920

FATHER		MOTHER	
FULL NAME	Charles H. Smith.	FULL MAIDEN NAME	Mary Bowden
RESIDENCE	Fairview Ida.	RESIDENCE	Fairview Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Richmond Utah.	BIRTHPLACE	Perry, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

..... Registrar

Filed 12/16 1920 Dr. A. R. Cutler Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-204-021-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin.

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 85004

Primary Registration District No. 2119

Registered No. 325

FULL NAME OF CHILD Dorethy.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Nov. 4 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward A. Strong.	FULL MAIDEN NAME	Sarah Smith.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 48 (Years)	COLOR	White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Lansing Iowa.	BIRTHPLACE	St. Anthony Idaho.
OCCUPATION	Editor and Publisher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Registrar

Filed 12/6 1920 Drak Culey Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1964

255-120-021-313

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mapleton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2114

File No. 85005

Registered No. 326

FULL NAME OF CHILD Henry.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		Yes.	Nov. 20 1920

FATHER		MOTHER	
FULL NAME	Henry Bennett.	FULL MAIDEN NAME	Ester Talbot.
RESIDENCE	Mapleton Ida.	RESIDENCE	Mapleton Ida.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Kaysville Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 10:20A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stokes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho.

Filed Dec 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914 - 220 - 021 - 693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85006

Primary Registration District No. 2119 Registered No. 327

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Nov. (Month) 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Ramsbottom.	FULL MAIDEN NAME	Freeda Wickham.
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Whitney Ida.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 8:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Idaho.

Filed 12/6 1920 Dr A R Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-128-021-685

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Glendale.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85007

Primary Registration District No. 2114 Registered No. 328

FULL NAME OF CHILD DWAYNE A. MANNING

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Nov. 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard Manning.	FULL MAIDEN NAME	Annie Wheeler.
RESIDENCE	Glendale Ida.	RESIDENCE	Glendale Ida.
COLOR	White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Oneida Co Idaho.	BIRTHPLACE	Preston Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed Dec 1920 D. A. R. Cutler

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 - 1953

915-101-021-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85008

Primary Registration District No. 2114 Registered No. 324

FULL NAME OF CHILD Gerald Harding Ransom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Nov. 1 1920

FATHER	MOTHER
FULL NAME: George A. Ransom.	FULL MAIDEN NAME: Ava Hopkins.
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White	AGE AT LAST BIRTHDAY (Years): 35
COLOR: White.	AGE AT LAST BIRTHDAY (Years): 30
BIRTHPLACE: Cleveland Ida.	BIRTHPLACE: Poulouse Washington.
OCCUPATION: Farmer	OCCUPATION: Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G W Staples

Physician.
(Physician or midwife)

Address Preston Idaho.

Filed 12/4 19 20 Dr A B Caulk
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85008

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Gerald Harding Ransom

Subscribed and sworn to before me this 24 day of May, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Le Roy Nate
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

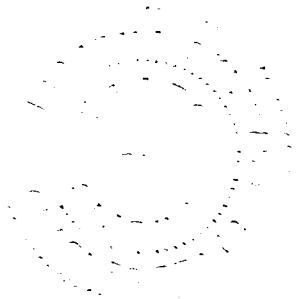
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 24 1948

MAY 10 1951



364-124-021-297

Form V. S. No. 21-C—15m, 6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin.

City of Franklin.

Registration District No. 27

File No. 85009

No. ....., ... St.

Primary Registration District No. 2119

Registered No. 329

Hospital Name added 7/17/80

FULL NAME OF CHILD CLAIR HOMER COMISH

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Other (To be answered only in event of plural births)	7	Yes	Nov 24, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Goerge Comish.	FULL MAIDEN NAME	Margaret Biggs.
RESIDENCE	Franklin, Ida,.	RESIDENCE	Franklin, Ida,.
COLOR	White. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Franklin, Ida,.	BIRTHPLACE	Franklin, Ida,.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6,30A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Logan, Utah,.

Filed 12/6 1920 [signature] Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 9 1 33 PM '80

State of _____ } ss.
County of _____

Certificate No. 85009
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male Comish (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 24, 1920 (Date of Event)

in Franklin, ID (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Clair Homer Comish

Subscribed and sworn to before me this 1st day of July, 1980

Notary Public, Carol P. Hendricks
Residing at Lewiston, Utah
My commission expires 8-7-80
(Seal)

Clair Homer Comish
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

(Must be completed __)
(Is not necessary xx)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1980

Notary Public, Carol P. Hendricks
Residing at Lewiston, Utah
My commission expires 8/7/80
(Seal) 8/13/79 one cc as is

Rosalie H. Hancey
Supporting Signature

221 North Main, Lewiston, Utah 84320
Street Address, City, State

Beneficial Life Ins Co. of Utah gives nameas Clair Homer Comish dated May 25, 1930. viewed by V. S.

JUL 17 1980

Family record gives names Clair Homer Comish born May 24, 1920, father's anemas Geo. F. Comish Blessed Sept 13, 1921. viewed by V. S.

154-125-021-615

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

Registration District No. 27 File No. 85010

No. ..... St.

Primary Registration District No. 2119 Registered No. 316

Hospital .....

FULL NAME OF CHILD William F. Andra, Jr.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov 25 1920

	FATHER	MOTHER
FULL NAME	William Frederick Andra	FULL MAIDEN NAME Mary Louise Wanner
RESIDENCE	Whitney Idaho	Whitney Idaho
COLOR	AGE AT LAST BIRTHDAY 27 (Years)	COLOR AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Germany	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:20 A M.
(Born alive or stillborn)
on the date above stated.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Address Preston, Idaho

Filed 12/6 1920

Dan Cullen
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1965

JUN 30 1943

253-122-021-866

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85011

Primary Registration District No. 2119 Registered No. 317

FULL NAME OF CHILD GEORGE KELS KELSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 22 1920

FATHER		MOTHER	
FULL NAME	George Kelson	FULL MAIDEN NAME	Hannah Hoopes
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed 12/6 1920

Dr A. P. Cullen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 85011
Date Filed MAR 2 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for George Kels Kelson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 22, 1920 (Date of Event) in Weston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L.D.S. Church records (Bible Record, Insurance Policy, Etc.) prepared on August 26, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	George Kels Kelson

Subscribed and sworn to before me this 27th day of February, 1942

Olga Ebeltoft
Clerk of Probate Court
Notary Public residing at Idaho Falls, Idaho
My commission expires
(Seal)

Signed Hannah Hooper Kelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

353 W. 19th Street, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1942

Olga Ebeltoft
Clerk of Probate Court
Notary Public residing at Idaho Falls, Idaho
My commission expires
(Seal)

Signed Gyle Kelson
(Signature of Any Credible Person Other Than Previous Year)

353 W. 19th Street, Idaho Falls, Idaho
(Street Address, City, State)

MAR 2

381-214-021-764

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. 4th Ward St.

Hospital

Registration District No. 24 File No. 85012

Primary Registration District No. 2119. Registered No. 318.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 16 1920

FATHER		MOTHER	
FULL NAME	Ether Robert Chapman	FULL MAIDEN NAME	Leah Lowe Poulsen
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston Idaho

Filed 12/6 1920. Dr A R Cullen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-116-021-635

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Preston

No. 2nd Ward St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 85013

Primary Registration District No. 2119 Registered No. 319

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Nov. 16 1920

FATHER		MOTHER	
FULL NAME	Victor Wallace Moore	FULL MAIDEN NAME	Granette Lillian Fletcher
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Preston, Idaho

Filed 12/6 1920

D. A. R. Culter
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 8 1974

CHILD'S NAME ADDED
789-212-021-313

& CHILD'S DOB AMENDED
11-12-2008 CMW

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Franklin

City of Dayton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 85014

Primary Registration District No. 2119 Registered No. 320

FULL NAME OF CHILD BETH C PHILLIPS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Nov 13, 1920

FATHER		MOTHER	
FULL NAME	Vernon Maroni Phillips	FULL MAIDEN NAME	Bertha Callan
RESIDENCE	Dayton Idaho	RESIDENCE	Dayton Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Curtis Bland

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Idaho

Filed 12/6 1920 D. A. Rullo Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
NOV 0 7 2008

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 1920-85014
Date Filed 12/06/1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for unnamed Phillips (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11/12/1920 (Date of Event)
in Dayton (Franklin Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	None	Beth C Phillips
child's birthdate	November 12, 1920	November 13, 1920

Subscribed and sworn to before me this 5th day of November 2008

Notary Public, Veronica Owen

Residing at Idaho Falls

My commission expires (Seal) 5-15-2013

VERONICA OWEN NOTARY PUBLIC STATE OF IDAHO

Beth C Gray
Signature of Applicant

320 Troy Avenue, Idaho Falls, ID 83402
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS
County of _____ }

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____ (Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

November 4, 2008 LDS INDIVIDUAL ORDINANCE SUMMARY BETH C GRAY (PHILLIPS) BORN 11-13-1920 BAPTIZED 1-20-1929 VIEWED BY VS
LDS BLESSING CERTIFICATE BETH C PHILLIPS GRAY BORN 11-13-1920 BLESSED 2-1-1959 VIEWED BY VS

155-207-021-466

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Oneida

Registration District No. 27 File No. 85016

No. ..... St.

Primary Registration District No. 2119 Registered No. 322

Hospital .....

FULL NAME OF CHILD HELEN JEANNE JENKS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Nov 7 1920

FATHER		MOTHER	
FULL NAME	Wilford B Jenks	FULL MAIDEN NAME	Hazel Laverna Moore
RESIDENCE	Oneida Idaho	RESIDENCE	Oneida Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) Curtis Hand

Physician
(Physician or midwife)

Address Preston Idaho

Filed 12/6 1920 D C Curtis
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 85016

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on 7th Nov. 1920 (Date of Event)
in Oneida Sta. Preston Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on 7th Nov. 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Jeanne Jenks

Subscribed and sworn to before me this 3rd day of September, 1942

J. D. Ellis
Notary Public, residing at Venice California
My commission expires Aug 12th 1946
(Seal)

Signed Mrs. W. B. Jenks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8409 Gonzaga Ave. Venice Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of September, 1942

J. D. Ellis
Notary Public, residing at Venice California
My commission expires Aug 12th 1946
(Seal)

Signed Mrs Laurel J. Martin
(Signature of Any Credible Person Other Than Previous Year)

8401 Gonzaga Ave.
(Street Address, City, State)
Venice, Calif.

SEP

815-205-021-262

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 85018

Primary Registration District No. 2119 Registered No. 218

FULL NAME OF CHILD Nedra Hansen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	July 5 1920

FATHER	MOTHER
FULL NAME: Lorenzo Hansen	FULL MAIDEN NAME: Ethel Maud Bosworth
RESIDENCE: Preston	RESIDENCE: Preston
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Plain City, Utah	BIRTHPLACE: Utah
OCCUPATION: Manager of Lumber Co.	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born-alive (Born alive or stillborn), at 11, P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen P. Cutler

Physician
(Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report.

Dec. 1, 1920

Dr. A. P. Cutler
Registrar

Filed Aug. 5 1920

D. A. Rees
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Preston, Idaho. 12/1/20

I hereby certify that the Mother's maiden name Maughan as given on the original certificate is a clerical error and should be Ethel Maud Bosworth as given in this second certificate.

Ethel R Lewis

Attending Physician

JUN 3 1942

Dup of 1920 #16688

592-112-022-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. ..... File No. 85019

Primary Registration District No. ..... Registered No. 371

FULL NAME OF CHILD Dean J. Nibley

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 12 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Henry Nibley	FULL MAIDEN NAME	Mary Alice Pincock
RESIDENCE	Teton Idaho	RESIDENCE	Teton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Wellsville, Utah	BIRTHPLACE	Ogden, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 35 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed Nov 18 1920 G. T. Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Honorable Discharge from the United States Army, Sept. 9, 1945 gives full name as Dean J. Nibley; born Nov. 12, 1920 at Teton, Idaho; date of enlistment June 20, 1940 - viewed by V.S. and Certified Letter from John D. Thornley, Contact Officer, Veterans Administration, Salt Lake City 4, Utah state "This is to certify that the records of the Veterans Administration indicate that Dean J. Nibley was issued a U.S. Government Life Insurance Policy No. K 1 111 866 under the name of Dean J. Nibley. This policy was issued of issue your insurance age was 19." - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ... } ss.
County of ...

Certificate No. 85019

Date Filed ...

The undersigned does solemnly swear that certain facts on the certificate of Birth for Unnamed Nibley (Name on Original Certificate) who was born (Was Born or Died) on Nov. 12, 1920 (Date of Event)

in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Discharge Insurance Co. (Bible Record, Insurance Policy, Etc.) prepared on Nov 22 1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Dean J. Nibley

Subscribed and sworn to before me this ... day of ..., 19...

Notary Public, residing at ...

My commission expires ...

(Seal)

Signed Grant B. Pincock

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1455 W 6th S. SALT LAKE CITY, UTAH

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ... } ss.
County of ...

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Nov., 1960

Notary Public, residing at Salt Lake Co.

My commission expires Jan. 6, 1962

(Seal)

Signed Camille L. Hagen

(Signature of Any Credible Person)

327 1st Ave. Salt Lake City 3, Utah

(Street Address, City, State)

FORM DH 60-155

NOV 28 1960

361-130-022-613

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 108 File No. 85020

Primary Registration District No. 6 Registered No. 39

FULL NAME OF CHILD Clifford Watts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11-30-1920

FATHER		MOTHER	
FULL NAME	Everett C. Watts	FULL MAIDEN NAME	Ida Potter Watts
RESIDENCE	Ashton, Ida	RESIDENCE	Ashton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	South Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. McAchan

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Idaho

Filed 12-1-1920 C. C. McAchan Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]RTH 435-212-023-685

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem name added 8-29-83 dl

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. _____

File No. 85021

Registered No. _____

Full Name of Child Mildred Lois McNutt

SEX OF CHILD Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 10 (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charles E McNutt	FULL MAIDEN NAME	Ruth E Finley
RESIDENCE	Emmett Ida.	RESIDENCE	Emmett
COLOR	W	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	nebr.	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 40 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett Ida

Registrar

Filed 12/4 1920 J L Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-29-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 5 11 34 AM '83

State of CALIFORNIA
County of SAN JOAQUIN } ss.

Certificate No. 85021
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed McNutt (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 12,1920 (Date of Event) in Emmett (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Mildred Lois McNutt

Subscribed and sworn to before me this 2ND day of AUGUST, 1983
Notary Public, [signature]
Residing at TRACY CA. 95376
My commission expires 7-30-85
(Seal)

[signature]
Signature of Applicant
950 W. GRANTLINE #71 TRACY
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of SAN JOAQUIN } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2ND day of AUGUST, 1983
Notary Public, [signature]
Residing at TRACY CA
My commission expires 7-30-83
(Seal)

Mildred Lois McNutt (Peters)
Supporting Signature
950 W. Grantline No. 71 Tracy, CA 95376
Street Address, City, State

~~lee pd~~ ~~Sent~~ lee credit

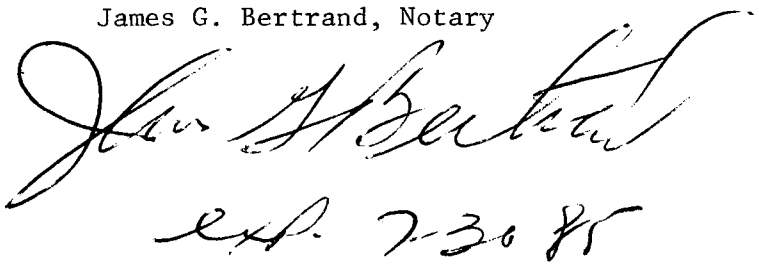
High School Diploma lists Mildred Lois McNutt completed course of study and received diploma from Adolph Lenzinger High School on June 17, 1937. Viewed by V.S.

On August 2, 1983, personally appeared to me was Ruth McNutt and Mildred McNutt. In County of San Joaquin, State Of California.

AUG 29 1983

OFFICIAL SEAL
JAMES G. BERTRAND
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My Comm. Expires July 30, 1985

James G. Bertrand, Notary



Exp. 7-30-85

Newspaper Clipping obviously old record lists Mildred Mcnutt and Davd E Peters were married in Yuma Arizona . Viewed by V.S.

219-120-023-365

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 9 File No. 85022

Primary Registration District No. _____ Registered No. _____

Full Name of Child Robert William Kaisner

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male	—	—	yes	11-20 20

FATHER		MOTHER	
FULL NAME	Chester A. Kaisner	FULL MAIDEN NAME	Mary E. Tweed
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Glasgow MD

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/1 1920

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966-128-023-219

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Vern

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 85023

Registered No. _____

Full Name of Child DAVID VERN ROWE

SEX OF CHILD: male	Twin / Triplet or other? — (To be answered only in event of plural births)	and Number in order of birth —	Legitimate? yes	DATE OF BIRTH: 11 (Month) - 28 (Day) - 19 20 (Year)

FATHER	MOTHER
FULL NAME: Seldon L. Rowe	FULL MAIDEN NAME: Mary L. Barnes
RESIDENCE: Emmett	RESIDENCE: Emmett
COLOR: white — AGE AT LAST BIRTHDAY: 39. (Years)	COLOR: white — AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Kans.	BIRTHPLACE: Ark.
OCCUPATION: Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/1 1920 [illegible] Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...TH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 85023

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for David Vern Rowe (Name on Original Certificate) who was born (Was Born or Died) on November 23, 1920 (Date of Event)
in Emmett, Idaho (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown ~~by~~ known by brother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	David Verne Rowe David Vern Rowe

Subscribed and sworn to before me this 26th
day of May, 1942

Stella C. Bunn

Notary Public, residing at Long Beach, California

My commission ~~expires~~ My Commission Expires May 5, 1943
(Seal)

Signed George E. Rowe - Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

3841 Cherry Ave. Long Beach, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of May, 1942

Stella C. Bunn

Notary Public, residing at 3562 Orange Ave. Long Beach, Calif.

My commission expires
(Seal) My Commission Expires May 5, 1943

Signed Mrs Nina Waltz (sister)
(Signature of Any Credible Person Other Than Previous Year)

3841 Cherry Ave.
(Street Address, City, State)
Long Beach Cal

JUN 3 1942

J[illegible] 8 1942

364-101-023-249

PLACE OF BIRTH

Name added 9-13-83
fc

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Letha

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 85024

Registered No. _____

Full Name of Child Kenneth Verland Coulter

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH 12/1 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sheridan Coulter	FULL MAIDEN NAME	Edith Smith
RESIDENCE	Letha	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas Winner	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Given names added from a supplemental report.

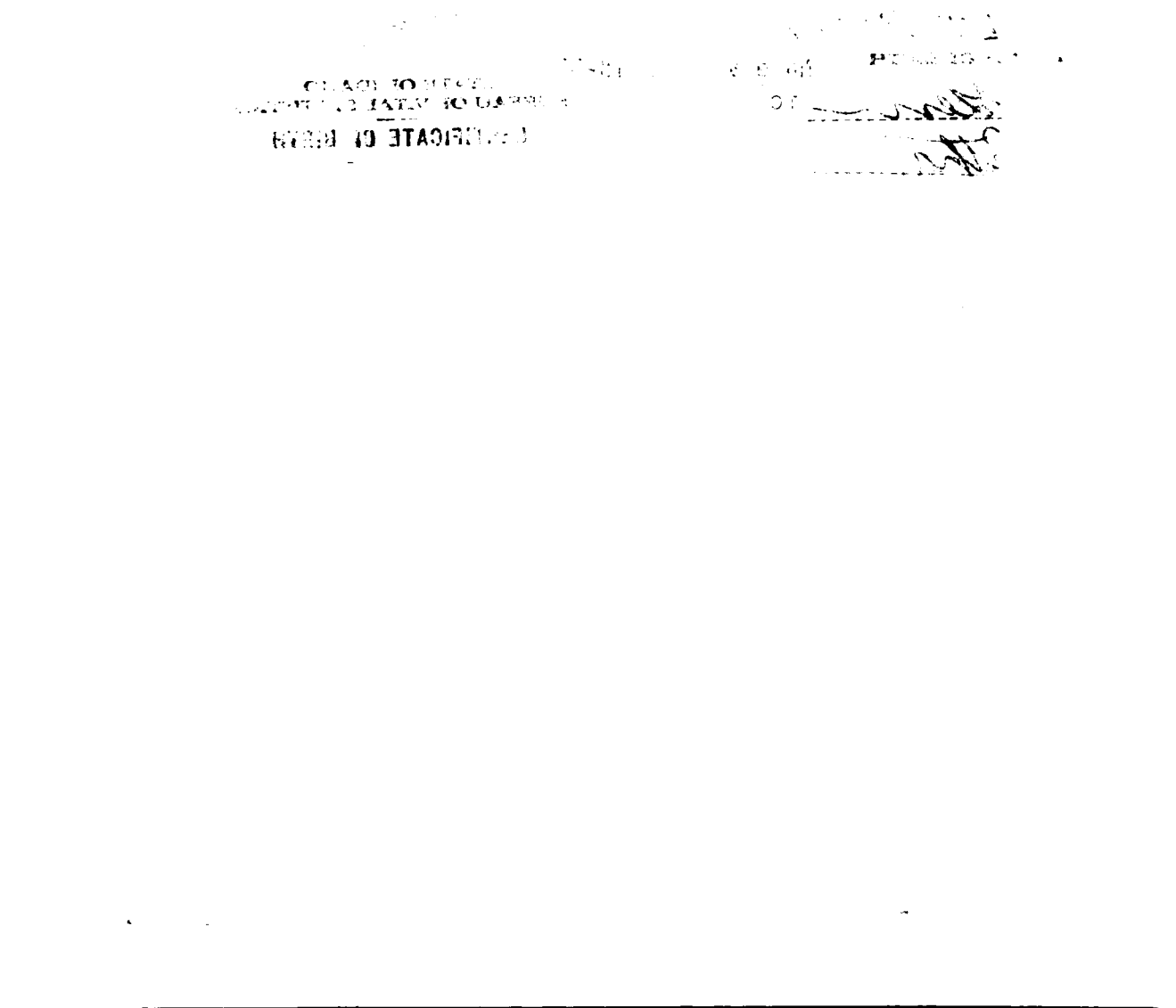
_____ 19__

Registrar

Address Emmett

Filed 12/1 1920 J L Reynolds
Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 13 10 00 AM '83

State of _____ } ss.
County of _____ }

Certificate No. 85024
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Coulter (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 1, 1920 (Date of Event)

in Letha (Gem) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Kenneth Verland Coulter

Subscribed and sworn to before me this 13 th day of September, 1983.

Notary Public, Florence Curtright

Residing at Bliss

My commission expires 4-20-86

(Seal)

Kenneth V. Coulter
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Discharge from U. S. Army gives name as Kenneth Verland Coulter born December 1, 1920, in Idaho. Entered service August 1942. Discharged March 1946. Viewed by V.S.

Own child's birth certificate on file with Idaho Vital Statistics under state file # 55-5108. This certificate shows father's name as Kenneth Verland Couleter, born in Idaho.
Viewed by V.S.

719-114-023-554

PLACE OF BIRTH

Amended 10-15-80

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 6

Primary Registration District No. _____

File No. 85025

Registered No. _____

Full Name of Child EUGENE AMOS Gardner

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	Nov 18 30

FATHER		MOTHER	
FULL NAME	Amos Alvin Gardner	FULL MAIDEN NAME	Lola Eldridge
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Mechanic	OCCUPATION	Home Maker

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/16 1930 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-10-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85025

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Amos Leroy Gardner (Name on Original Certificate) who was born (Was Born or Died) on Nov. 14, 1920 (Date of Event)

in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Amos Leroy Gardner	Eugene Amos Gardner

Subscribed and sworn to before me this 15th day of October, 1970

Florence Courtright

Notary Public, residing at Emmett

My commission expires September

(Seal)

Signed Eugene A Gardner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Correction (G)

Own child's birth certificate on file with Vital Statistics, Boise, Idaho gives name of father as Eugene Amos Gardner. Child born April 14, 1948, certificate # 418560.
Viewed by V.S.

Identification Card issued by Boise State University gives name as Eugene Amos Gardner, Bookstore Assistant Manager, # 542 12 7399. Card issued 1967. Recent card issued 1979.
Viewed by V.S.

Member indentification Card issued by the Capital Educators Federal Credit Union Boise, Idahogives name as Eugene A. Gardner. Account # 27080-0. Issued 1967.
Viewed by V.S.

689-219-023-669

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Letha

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 85026

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

DATE OF BIRTH: Nov 19 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Myram Whiteley	FULL MAIDEN NAME	Kate M Worwood
RESIDENCE	Letha	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett

Registrar

Filed Nov 19 1920 J. L. Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-215-023-433

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 85027

Primary Registration District No. _____ Registered No. _____

Full Name of Child Anna Stuart Campbell

SEX OF CHILD Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | DATE OF BIRTH 6 (Month) 15 (Day) 1920 (Year)

FATHER

FULL NAME Joseph L Campbell

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Providence Utah

OCCUPATION Sawmill Laborer

MOTHER

FULL MAIDEN NAME Belle McClerossen

RESIDENCE Emmett Ida

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Emmett Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 2:30 P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P R Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/12 1920 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of..... } ss.
County of..... }

Certificate No.....
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or death)
for..... (Name on original certificate) who..... (Was born or died) on..... (Date of event)
in..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by..... (Bible record, insurance policy, etc.) prepared on..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
.....	.....	Anna Stuart Campbell
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this..... day of....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
[SEAL]

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of..... } ss.
County of..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....
day of....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
[SEAL]

Signed.....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on..... by.....
(Registrar's signature)

994-
115-04
714

PLACE OF BIRTH

County of Valley

City of Horseshoe Bend

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6

File No. 85028

Primary Registration District No. _____

Registered No. _____

Full Name of Child LaVerne Marion Zimmer

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 6 (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George Zimmer	FULL MAIDEN NAME	Mattie M Paulson
RESIDENCE	Horseshoe Bend Ida	RESIDENCE	Horseshoe Bend Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Horseshoe Bend	BIRTHPLACE	Blanchardville Wis
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett

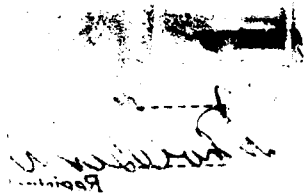
Filed 11/12 1920 J. L. Reynolds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 9 1949

AUG 11 1949

415-117-023-24

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. Gross St. Registration District No. 6 File No. 85029

Hospital Primary Registration District No. Registered No.

Full Name of Child Delbert Garrett Davis

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: 6 (Month) 17 (Day) 1920 (Year)	

FATHER	MOTHER
FULL NAME: Lester Raleigh Davis	FULL MAIDEN NAME: Edith Kimball
RESIDENCE: Gross Ida	RESIDENCE: Gross Ida
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Elgin Ore	BIRTHPLACE: Sheridan Kans
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/12 1920 J L Reynolds Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 11 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

292-103-023-753

County of Ada

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-16

CERTIFICATE OF BIRTH

Registration District No. 6

Primary Registration District No. .....

File No. 85030

Registered No. .....

Full Name of Child Robert William Kiser

SEX OF CHILD: male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

DATE OF BIRTH: 7 (Month) 3 (Day) 20 (Year)

FATHER

FULL NAME: Glenn W. Kiser

RESIDENCE: Emmett Ida

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Galena Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary F Peters

RESIDENCE: Emmett Ida

COLOR: White

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: San Luis Valley Colo

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.43 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/1/12 19 20 J L Reynolds Registrar

DEC 15 1969

FEB 21 1942

219-204-023-238

PLACE OF BIRTH

[redacted] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

County of Gem

Amended 8/22/77

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 4

File No. 85032

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Eva Marie Barclay

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	Aug 4 1970

FATHER

FULL NAME: Allison H Barclay
RESIDENCE: Emmett
COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Nebraska
OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Dora Schum
RESIDENCE: Emmett
COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Nebraska
OCCUPATION: Housewife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) RN Cummings

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11/12 1970 J.L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 21 9 00 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85032

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Barclay (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug 4, 1920 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eva Marie Barclay
sex of child	male	female

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Dora R Johnson Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Elmore }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 19 77

Notary Public, residing at Emmett Idaho
My commission expires July 1977
(Seal)

Signed Mabell Johnson
(Signature of Any Credible Person)

Rt. 1 Box 96 Emmett Idaho
(Street Address, City, State)

Form DH 60-155

CL 6/8/77

Own child's birth certif on file in Kansas gives child's name as Gary Lee Alumbaugh born 9-6-51 in Iola, Kansas father's name as Tilford Hagan Alumbaugh and mother's maiden name as Eva Marie Barclay. viewed by V. S.

AUG 22 1977

Insurance policy from Pierce National Life Ins co gives name as Eva Marie Alumbaugh. dated Dec 16, 1967. policy no. FL01005897. viewed by V. S.

995-121-023-293

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 85033

Primary Registration District No. _____ Registered No. _____

Full Name of Child Robert Luke Rinker

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
male			Yes	9 (Month) 21 (Day) 1920 (Year)

FATHER

FULL NAME: Luke E Rinker

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Fayette Ida

OCCUPATION: Clerk

MOTHER

FULL MAIDEN NAME: Ella M Sullivan

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 17 (Years)

BIRTHPLACE: Lincoln Nebr

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11/12 1920 J. A. Raymond Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

7-12-41

APR 25 '

689-126-023-689

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. _____

File No. 85034

Registered No. _____

Full Name of Child Floyd Jno White

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 9 (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Jno H White	FULL MAIDEN NAME	Dora M Whitaker
RESIDENCE	Emmett	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Winslow Ark	BIRTHPLACE	Dixon Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 44 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett

Registrar

Filed 11/12 1920 J L Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-208023-719

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 6

Primary Registration District No. _____

File No. 85035

Registered No. _____

Full Name of Child Nellie Ruth Bane

SEX OF CHILD Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | DATE OF BIRTH Oct 8 1920 (Month) (Day) (Year)

FATHER

FULL NAME Jno Clayton Bane

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Emmett Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rosa Della May Pare

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Bozeman Mont

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P N Cummings

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11/12 1920 J. L. Reynolds Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH ~~OR DEATH~~

State of Idaho } ss.
County of Ada }

Certificate No. 85035

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Bane	Nellie Ruth Bane

Subscribed and sworn to before me this 2nd
day of July, 19 42

Notary Public, residing at Star Ida
My commission expires 7-17-44
(SEAL)

Signed Mrs Roza Bane
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Star Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of July, 19 42

Notary Public, residing at Star Ida
My commission expires 7-17-44
(SEAL)

Signed John le Bane
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Star Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

381-231-023-955

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. _____

File No. 85036

Registered No. _____

Full Name of Child Jean Chapin

SEX OF CHILD Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

DATE OF BIRTH Oct (Month) 31 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank R. Chapin	FULL MAIDEN NAME	Stella Reed
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Rusk Wyo	BIRTHPLACE	Fremont Mich
OCCUPATION	Life Insurance Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett

_____ Registrar

Filed 11/12 1920 J. L. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Needle & Thread Club Record, organized 1933 - record dated 1948-1949 gives one members full name as Jean Chapin - viewed by V.S. and Needle & Thread Club Record, dated 1955-1956 gives one Honorary Members full name as Jean Chapin - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85036

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Chapin (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1920 (Date of Event) in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jean Chapin

Subscribed and sworn to before me this 2nd day of July 1962

Bernard E. Gratton

Notary Public, residing at Emmett Idaho

My commission expires 1-28-65

(Seal)

Signed Robert J. Chapin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 L 6-18-62. one copy pd. rec. #11107.

JUL 3 1962

764-131-023-855

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18

CERTIFICATE OF BIRTH

Registration District No. 6

File No. 85037

Primary Registration District No. _____

Registered No. _____

Full Name of Child _____

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: 10 (Month) 31 (Day) 1920 (Year)

FATHER

FULL NAME: Andrew J Godsey

RESIDENCE: Emmett Ida

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: E Tenn.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Betty Reed

RESIDENCE: Emmett

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: E Tenn

OCCUPATION: Housewife

Number of child of this mother, including present birth: 10 Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11/12 1920 J. A. Reynolds Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-207-023-814

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 4

Primary Registration District No. _____

File No. 85038

Registered No. _____

Full Name of Child Martha Lucille Ellis

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	11 7 20

FATHER

FULL NAME: Gurney G Ellis

RESIDENCE: Emmett Ida

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Madison Co Iowa

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Blanch Hampton

RESIDENCE: Emmett Ida

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Marathon Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 40 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/12 1920 J. L. Reynolds

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 2 9 1942

433-208-023-384

PLACE OF BIRTH

County of Ada

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 6

File No. 85039

Primary Registration District No. _____

Registered No. _____

Full Name of Child Helen Joann McConnell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			yes	11 8 1920

FATHER

FULL NAME Jno R McConnell

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Iowa

OCCUPATION Stockman

MOTHER

FULL MAIDEN NAME Maud Lyman

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Michigan

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.35 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. N. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/12 1920 J. E. Reynolds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335-22-023-459

PLACE OF BIRTH

County of Gem

City of Emmett

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 85040

Primary Registration District No. _____ Registered No. _____

Full Name of Child Vivian Maxine Clemens

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	11 12 1920

FATHER

FULL NAME Eugene E. Clemens

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Jefferson Co Mo

OCCUPATION Saw mill Laborer

MOTHER

FULL MAIDEN NAME Lillian Mercer

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Jefferson Co Mo

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P N Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 11/12 1920 J. L. Reynolds

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 0 1973

JUN 9 1943

Name from card
6/9/43

295-206-029-415

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding, Idaho.

City of Gooding

Registration District No. 24

File No. 85041

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lenora May Singer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	A. M. Singer.	FULL MAIDEN NAME	Emma Davis
RESIDENCE	Gooding, Idaho.	RESIDENCE	Gooding, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Ohio.
OCCUPATION	Runs Pool Hall —	OCCUPATION	House wife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell

M.D.

(Physician or midwife)

Address Gooding, Idaho —

Given names added from a supplemental report.

..... 19....

Registrar

Filed 12-3- 1920

F J Carymw

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-117-024-386

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding Idaho

City of Gooding Idaho Registration District No. 24 File No. 85042

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Rhual Vance Hamilton.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Nov. 17 1920

FATHER		MOTHER	
FULL NAME	Loyd Hamilton	FULL MAIDEN NAME	Evadona Thompson
RESIDENCE	Bliss, Idaho.	RESIDENCE	Bliss, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12-3-1920

F J Campbell
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1974

127-113-024-132

~~PLACE OF BIRTH~~

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding, Idaho

City of Gooding, Ida.

Registration District No. 24 File No. 85043

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD THOMAS R. ASPITARTE ~~Expitarte~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
MALE		Yes	Nov. 13 1920

FATHER		MOTHER	
FULL NAME	Coming ASPITARTE	FULL MAIDEN NAME	Rafaela Alberde
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepraiser	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Ida

Filed 12-3 1920 F T Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 85042

Date Filed July

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed Espitarte (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on June 13, 1920 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name of Child	Unnamed Espitarte	Thomas R. Aspitarte
Sex of Child	female	Male

Subscribed and sworn to before me this 11th
day of February, 1942.
Charlotte Addock
Notary Public, residing at Boise Idaho
My commission expires July 1st. 1943.
(SEAL)

Signed Miss Petra Herrnaga
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

SEP 10 1956

814-227-024-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24 File No. 85044

Primary Registration District No. ..... Registered No. 1

FULL NAME OF CHILD ANNA Anne Lea Virginia Hampshire

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mark A. Hampshire	FULL MAIDEN NAME	K. Cordelia Sagenby
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Supt. of Gooding School	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Crannall MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Gooding Idaho

Filed 12/3/1920 F T Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1 1942

FEB 8 1944

A F F I D A V I T

I, Anna Lee Virginia Hampshire, the undersigned, do hereby certify that the correct spelling of my name is ANNA LEE VIRGINIA HAMPSHIRE and not ANNE LEE VIRGINIA HAMPSHIRE, as shown on my birth certificate.

OCT 1 1942

This affidavit is written for the purpose of correcting my birth certificate to read: FULL NAME OF CHILD: ANNA LEE VIRGINIA HAMPSHIRE.

Anna Lee Hampshire
Affiant

Subscribed and sworn to before me, a Notary Public in and for Dubuque County, state of Kansas, this 21 day of Sept, 1942

My commission expires June 6, 1948

Seal

M D Hogan
Notary Public

APR 3 1944

238-226-024-238

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Gooding

Registration District No. 24 File No. 85045

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Twila Mae Schooley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept. 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Schooley	FULL MAIDEN NAME	Bessie Mae Schooley
RESIDENCE	Gooding	RESIDENCE	Gooding Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Orrick Mo.	BIRTHPLACE	Central City Colo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
Rev. W. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho.

Filed 12-3-1920 F. T. Carymi
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1948

433-104-024-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. R.D. 1 St.

Hospital Gooding

Registration District No. 24

File No. 85046

Primary Registration District No. West Gooding

Registered No.

FULL NAME OF CHILD William Reed McCoy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 4 1920

FATHER		MOTHER	
FULL NAME	William Loren McCoy	FULL MAIDEN NAME	Hazel Baker Reed McCoy
RESIDENCE	Gooding, Idaho	RESIDENCE	Gooding, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Auctioneer - Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per W. Zingg (Physician or midwife)

Given names added from a supplemental report.

Address Gooding, Idaho

19

Filed 12-3-1920 F. J. Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1943

359-102-024-597

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24

File No. 85047

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Denn Wm Teichmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 2 1920

FATHER		MOTHER	
FULL NAME	Harry Teichmer	FULL MAIDEN NAME	Ora Nighswonger
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
per A. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

Filed 12-3 1920 F J Carymb
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

TEICHMER

312-105-024-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 24 File No. 85048

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Vincell Ray Case

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 5. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Thurman Case	FULL MAIDEN NAME	Delpha Aletha Case
RESIDENCE	Wendell Idaho	RESIDENCE	Wendell Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Summers Mill. Mo.	BIRTHPLACE	Edgar Springs Mo.
OCCUPATION	Farming	OCCUPATION	[illegible]

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lowe
per A. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 12-3-1920 F J Carymth
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-203-024-258

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24

File No. 85049

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elinor Elizabeth Porter

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 3rd 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arliss Porter	FULL MAIDEN NAME	Ethel Keyser
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Arkansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lowel per A. Zingg (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

Filed 12-3-1920 F J Carym D

Registrar

Registrar

OCT 2 3 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 15 1 12 PM '75

State of .....
County of .....

Certificate No. 85049

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Porter (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1920 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Porter	Elinor Elizabeth Porter

Subscribed and sworn to before me this 6th day of April, 19 75

Notary Public, residing at Gooding Idaho
My commission expires 1-5-75
(Seal)

Signed Ethel Fransen Porter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

542 Colorado Ave - Gooding Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Elmore } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 19 75

George F. Jackinson

Notary Public, residing at Glenns Ferry
My commission expires Dec. 16 1976
(Seal)

Signed Edna M. Anderson
(Signature of Any Credible Person)

Glenns Ferry Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10/23/74

MAY 1 197[illegible]

Diploma from Gooding High school gives name as Elinor Elizabeth Porter dated May 16, 1940. viewed by V. S.

Marriage License from Idaho, Gem County gives name as James Charles Alexander and Elinore Elizabeth Porter. dated March 9, 1942. viewed by V. S.

354-109-024-669

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 24 File No. 85050

Hospital Gooding

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD George Henry Lemmon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 9 1920

FATHER	MOTHER
FULL NAME: G. H. Lemmon	FULL MAIDEN NAME: Laura Dysa Worster
RESIDENCE: Hagerman, Ida	RESIDENCE: Hagerman
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Green Co. Iowa.	BIRTHPLACE: Ripley New York
OCCUPATION: Rancher	OCCUPATION: Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 A.M. on the date above stated.

(Signature) W. E. Lamb
DEW A. Zingg
(Physician or midwife)

Address Gooding Ida

Filed 12-3-1920

F J Carymd
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 15 1944

414-203-024-365

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 85051

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD MURIEL LOUISE Maurer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Nov 3 1920

FATHER		MOTHER	
FULL NAME	Leonard Maurer	FULL MAIDEN NAME	Mary Long
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kentucky
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. Lamb

Sec'd Fing 9

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Idaho

Filed 12-3 1920 F T Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 85051

State of California }
County of Los Angeles, } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Maurer) who born on Nov. 3rd. 1920
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Godding, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Muriel Louise Maurer

Subscribed and sworn to before me this 8th day of August, 1942

Notary Public, residing at Long Beach, Calif

My commission expires Feb. 21st. 1944
(Seal)

Signed Leonard G. Maurer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1023 So. Bradfield Ave. Compton, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August, 1942

Notary Public, residing at Long Beach California

My commission expires Feb. 21st. 1944
(Seal)

Signed William P. McGill
(Signature of Any Credible Person Other Than Previous Year)

6729 Templeton St. Huntington Park, Calif.
(Street Address, City, State)

AUG 12 1942

235-124024-991

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 85052

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thomas Stewart

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Stewart	FULL MAIDEN NAME	Elizabeth Riach
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb
Rev A. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Gooding Ida

Filed 12-3 1920 J J Carey MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1972

767-204-025-238

PLACE OF BIRTH

County of Idaho

City of Kenteroville

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF VITA[redacted]

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 85058

Primary Registration District No. 2163 Registered No. .....

FULL NAME OF CHILD Oliva I. Poxleitner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 4 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles J Poxleitner	Mary Anna Schmidt
RESIDENCE	Kenteroville Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Germany	Idaho
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake M.D.
(Physician or midwife)

Address Cottonwood Ida

Given names added from a supplemental report.

..... 19.....

Filed Nov 5 1920 H B Blake
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K7

AUG 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 85053

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Poxleitner (Female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1920 (Date of Event)

in Keuterville, Idaho (Idaho) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	~~Isabel Oliva Poxleitner~~
		Oliva Isabel Poxleitner

Subscribed and sworn to before me this 17th day of ~~October~~ October, 1973

J. W. Klapprich

Notary Public, residing at Cottonwood, Idaho

My commission expires October 15, 1975

(Seal)

Signed Martha D. Klapprich

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cottonwood Idaho 83522

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 1973

J. W. Klapprich

Notary Public, residing at Cottonwood, Idaho

My commission expires October 15, 1975

(Seal)

Signed Chas. J. Poxleitner

(Signature of Any Credible Person)

Keuterville Idaho

(Street Address, City, State)

FORM DH 60-155 CL 8/2/73

State Examination-- Eight Grade gives name as Oliva Poxleitner. age 13, dated April 1934. viewed by V. S.

Holy Sacrament of Baptism from the Roman Catholic Church gives name as Oliva I. Pxleitner daughter of Charles Poxleitner and Mary Schmidt. born in Keuterville, Idaho on Nov 4, 1920. Baptized Nov 29, 1920 . viewed by VS

295-128-025-249

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Fenn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 965054

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD John Francis Wren

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Wren	FULL MAIDEN NAME	Elizabeth Burschenkner
RESIDENCE	Fenn Idaho	RESIDENCE	Fenn Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Indianapolis Ind.	BIRTHPLACE	Plowe
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J D Shinnick M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood Idaho

Filed Nov 5th 1920 H B Blake
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619 - 224 - 025 - 755

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood Registration District No. 105 File No. 85055

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Kay Loathing

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 24 1920

FATHER	MOTHER
FULL NAME Stephen Justus Loathing	FULL MAIDEN NAME Jennie G Gentry
RESIDENCE Cottonwood Idaho	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE R C	BIRTHPLACE R C
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8—20 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Burke M.D.

(Physician or midwife)

Address Cottonwood Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 25 1920

H B Burke

Registrar

4.13 - 107 - 025 - 713

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 85056

No. ..... St.

Primary Registration District No. 1001 Registered No. 59

Hospital .....

FULL NAME OF CHILD Donald MacKay FREDRICK

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Nov 7 1920

FATHER	MOTHER
FULL NAME Hector M MacKay	FULL MAIDEN NAME Edith F Galloway
RESIDENCE Grangeville	RESIDENCE Grangeville
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE South Dakota	BIRTHPLACE North Dakota
OCCUPATION Banker	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 1 1920 G S Stockton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 85056

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~) for Donald MacKay (Name on Original Certificate) who born (Was Born or ~~Died~~) on Nov 7 - 1920 (Date of Event) in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, ~~Insurance Policy, Etc.~~) prepared on January 28 - 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Donald	Donald Fredrick MacKay

Subscribed and sworn to before me this 15 day of June, 1942

H. M. MacKay

Notary Public, residing at Spokane, Wn.

My commission expires 2-1-1943

(Seal)

Signed Mrs. H. M. MacKay
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of June, 1942

H. M. MacKay

Notary Public, residing at Spokane

My commission expires 2-1-1943

(Seal)

Signed Mrs G. Y. Galloway
(Signature of Any Credible Person Other Than Previous Year)

W-21-33rd
(Street Address, City, State)

JUN 17 1942

JUN 22 1942

366 - 218 025 - 386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 03 File No. 85058

No. ..... St.

Primary Registration District No. 2161 Registered No. 61

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 18 1920

FATHER	MOTHER
FULL NAME Elbert L Lowther	FULL MAIDEN NAME Effie Thompson
RESIDENCE Grangeville	RESIDENCE Grangeville
COLOR W	AGE AT LAST BIRTHDAY 42 (Years)
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10-35 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton
(Physician ~~or midwife~~)

Address Grangeville Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed Dec 1 1920 G S Stockton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

242-125-025-258

(Be sure the information is complete and accurate)

Amended 6-15-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 85059
Local Reg. No. 62
Reg. Dist. No. 103

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grangeville

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grangeville

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Richard b. (Middle): Harry c. (Last): Kube

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 25, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Harry b. (Middle): E. c. (Last): Kube

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): S. Dakota

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Addie b. (Middle): c. (Last): Behean

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. F. Orr

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Cottonwood, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 1, 1920

22. REGISTRAR'S SIGNATURE: G. S. Stockton

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the he district where the birth occurred WITHIN 10 days after the date of birth of the child. Address N OF VITAL STATISTICS, BOISE, IDAHO.

6-7-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

State of Washington } ss.
County of Spokane

Certificate No. 85059

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harry Richard Kube (Name on Original Certificate) who was born (Was Born or Died) on Nov. 25, 1920 (Date of Event)
in Grangeville (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Harry Richard Kube	Richard Harry Kube

Subscribed and sworn to before me this 9th day of June, 1967

Notary Public, residing at Spokane

My commission expires 1-3-69

(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Social Security Card, # 518-16-2894 issued July .8, 1938 lists name as Richard Harry Kube.
Viewed by V. S.

The University of Idaho, degree of Bachelor of Science, June 4, 1945 gives full name as Richard Harry Kube - viewed by V.S.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 103 File No. 85059

No. ..... St.

Primary Registration District No. 2181 Registered No. 62

Hospital .....

FULL NAME OF CHILD Harry Richard Kube

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 25 1920

FATHER		MOTHER	
FULL NAME	Harry E Kube	FULL MAIDEN NAME	Addie Behean
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) W J Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed Dec 1 1920 G. B. Stockton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1943

JUN 22 1967

845-129-28-295

PLACE OF BIRTH

County of Kootenai

City of Carlin Bay

No. ____ St.

Hospital ____

Form V. I. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 585060

Primary Registration District No. 2204 Registered No. 6

FULL NAME OF CHILD GLEN SAMUEL HUNT

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 29 19[illegible]

FATHER

FULL NAME Sloyd T Hunt

RESIDENCE Carlin Bay

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Salem Ore

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Mildred Lovley

RESIDENCE Carlin Bay

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Downing Wis

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M D.

(Physician or midwife)

Address Harrison Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-1 19 20 J. M Finney Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

(Signature)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 85060
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Glen Samuel Hunt (Name on original certificate) who was born (Was born or died) on November 29 1920 (Date of event)
in Carlin Bay, Idaho (Place of event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record prepared on Mar 29 1940 (Give date), are:
(Bible record, insurance policy, etc.)

FACTS TO BE CORRECTED ("Name", "~~birth date~~", "~~cause of death~~", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hunt	~~Samuel Joseph Hunt~~
Samuel Joseph Hunt		Glen Samuel Hunt

Subscribed and sworn to before me this 8th
day of December, 1940
Robert H Barton
Notary Public, residing at Coeur d'Alene Idaho
My commission expires June 2, 1945
[SEAL]

Signed Mildred E Hunt
(Signature of parent ~~or attendant if~~ correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record~~ or other credible person.) Mother of Samuel Joseph Hunt
1320 A St. Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of December, 1940
Robert H Barton
Notary Public, residing at Coeur d'Alene, Idaho
My commission expires June 2, 1945
[SEAL]

Signed V Conrad Krueger
(Signature of any credible person other than the previous affiant.)
Marine Route, Carlin Bay, Coeur d'Alene, Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUN 6 1973

566-224-028-235

PLACE OF BIRTH

County of Kootenai

City of Lane

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 File No. 85061

Primary Registration District No. 2204 Registered No. 5

FULL NAME OF CHILD Eileen Eleanor Vowels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov. 24 1920

FATHER	MOTHER
FULL NAME Loren P. Vowels	FULL MAIDEN NAME Clara E. Steibert
RESIDENCE Lane	RESIDENCE Lane
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oak Lake, Manitoba	BIRTHPLACE Anaconda, Montana
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:40 A.M. on the date above stated.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Address Rose Lake, Ida.

Filed 12-1 1920 J. M. Finney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1945

APR 14 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-102-028-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Lane

Registration District No. 136 File No. S 85062

No. ..... St.

Primary Registration District No. 2204 Registered No. 4

Hospital .....

FULL NAME OF CHILD Warren Harding Curtis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 2 1920

FATHER	MOTHER
FULL NAME Bert W. Curtis	FULL MAIDEN NAME Clara B. Delent
RESIDENCE Lane	RESIDENCE Lane
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Boise county Washington	BIRTHPLACE Ontario
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive, at 10:20 AM on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician
(Physician or midwife)

Address Rose Lake, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 12/1 1920 J. M. Feeney
Registrar

..... Registrar

S-Y-CO 38071

c.c. 6/6/41. w.h.

386-119
028-236

PLACE OF [redacted] U. S. No. 11-C—25m-9-8-15

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rose Lake

Registration District No. 126 File No. 5 85063

No. ..... St.

Primary Registration District No. 2204 Registered No. 3

Hospital .....

FULL NAME OF CHILD John Daniel Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 19 1920

FATHER	MOTHER
FULL NAME: John D. Thomas	FULL MAIDEN NAME: Evelyn E. Scott
RESIDENCE: Rose Lake	RESIDENCE: Rose Lake
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Cleveland, Ohio	BIRTHPLACE: Walworth County, South Dakota
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

physician (Physician or midwife)

Address Rose Lake, Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 12-1 19 20 J. M. Finney
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy Issued Feb. 7, 1941. E.A.

498-229-028-238

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Foot

City of Coeur d Alene

Registration District No. 30 File No. 85064

No. ..... St.

Primary Registration District No. 1051 Registered No. 841

Hospital .....

FULL NAME OF CHILD Barbara Jean Dry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes.	Nov 29 1920

FATHER		MOTHER	
FULL NAME	Garfield Dry	FULL MAIDEN NAME	Nell Schuler
RESIDENCE	615 Garden	RESIDENCE	"
COLOR	White	COLOR	"
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Can.	BIRTHPLACE	Kan.
OCCUPATION	Auto Mechanic	OCCUPATION	Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M.D.
(Physician or midwife)

Address Coeur d Alene Idg.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 4 1920 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 17 1972

MAR 30 1972

756-223-028-849

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30

File No. 85066

No. ..... St.

Primary Registration District No. 1051

Registered No. 843

Hospital .....

FULL NAME OF CHILD Grace Ethel George

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		Yes	Nov 23 1920

FATHER		MOTHER	
FULL NAME	William J. George	FULL MAIDEN NAME	Doris G. Curtis
RESIDENCE	Garwood - Ida	RESIDENCE	Garwood Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Pa.	BIRTHPLACE	Ore.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wiss

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Ida.

Filed Dec 4 1920 D D Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1943

238-216-028-714

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of .....

No. ..... St.

Hospital .....

Registration District No. 30 File No. 85067

Primary Registration District No. 1051 Registered No. 844

FULL NAME OF CHILD Marian W. Von Schriltz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		yes	Nov. 16. 1920.

FATHER		MOTHER	
FULL NAME	Floyd L. Von Schriltz	FULL MAIDEN NAME	Nancy E. Pankey
RESIDENCE	Bayview, Ida.	RESIDENCE	Bayview, Ida.
COLOR	wh. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Auto-truck driver	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rathdrum, Idaho

Filed Dec 4 1920. D. D. Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-115-028-296

PLACE OF BIRTH

County of

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 30

Primary Registration District No. 1001

File No. 85068

Registered No. 845

Full Name of Child Wilson Wilford Wilcox

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	one	one	yes	Nov 15 1920

FATHER	MOTHER
FULL NAME Clifford M Wilcox	FULL MAIDEN NAME Ada Bronson
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene Ida
COLOR White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR White — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Illinois
OCCUPATION Mill Worker	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 10-30 AM
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d Alene Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 4 1920 D D Drennan
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1961

632 - 213-028-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 85069

No. ..... St.

Primary Registration District No. 1051 Registered No. 846

Hospital .....

FULL NAME OF CHILD Gladys Deanna Olsen

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 13 (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Olsen	FULL MAIDEN NAME	Anna Waren
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer, Per F.R.H.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene, Ida.

Filed Dec 4 1920 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1973

294-108-028-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Gibbs, Idaho

Registration District No. 30 File No. 85071

No. ..... St.

Primary Registration District No. 1051 Registered No. 848

Hospital .....

FULL NAME OF CHILD Rex Edward Brueher

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Brueher	FULL MAIDEN NAME	Agnes Kelley
RESIDENCE	Gibbs, Idaho	RESIDENCE	Gibbs, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at Moon 12 o'clock M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John T Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida

Filed Dec 4 1920 D D Drenna

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 7 1971

393-107-028-633

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. W. Foster St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 File No. 85073

Primary Registration District No. 1051 Registered No. 850

FULL NAME OF CHILD Phillip Cunrade Litzenberger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 7 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Phillip Litzenberger	FULL MAIDEN NAME	Mary Ott
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Lumber hand	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H. Mast

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Idaho

Filed Dec 4 1920 D D Drenna

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1966

389 - 204-028-381

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 85074

No. ..... St.

Hospital No Primary Registration District No. 1056 Registered No. 851

FULL NAME OF CHILD Charlotte Amelia Tyree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Nov. 4 1920

FATHER	MOTHER
FULL NAME Ellis Tyree	FULL MAIDEN NAME Edna Thayer
RESIDENCE Coeur d'Alene	RESIDENCE Coeur d'Alene Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Mo	BIRTHPLACE N. Dak.
OCCUPATION Gardener	OCCUPATION Hse

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Drennan M.D.
M D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida

Filed Dec 4 1920 D D Drenna
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

599-204-028-553

Form V. S. No. 11-O—25m-9-8-17

PLACE OF BIRTH

County of Kootenai

City of .....

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 30 File No. 85075

Primary Registration District No. 1051. ~~2051~~ Registered No. 852

FULL NAME OF CHILD Lilly Vivian Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov. 4. 1920

FATHER		MOTHER	
FULL NAME	Fred. Erickson	FULL MAIDEN NAME	Anna L. Nelson
RESIDENCE	Belmont, Ida	RESIDENCE	Belmont, Ida
COLOR	whit AGE AT LAST BIRTHDAY 38 (Years)	COLOR	whit AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum, Idaho

Filed Dec 4 1920 D. D. Drenna Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Registration District No. 30 File No. 85076

No. 632-131-028-453 St.

Primary Registration District No. 1051 Registered No. 853

Hospital

FULL NAME OF CHILD Dale William Olson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 31 1920

FATHER		MOTHER	
FULL NAME	Adolph Olson	FULL MAIDEN NAME	Maude Nellie Delavan
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisc.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 9. M. on the date above stated.

(Signature) J. C. Dwyer M.D.
Physician
(Physician or midwife)

Address Coeur d'Alene Idaho

Filed Dec 4 1920 D D Drennan
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1976

4/24/41 L. B.

633-229-028-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Blackwell addition

Registration District No. 30 File No. 85077

Primary Registration District No. 1051 Registered No. 834

Hospital

FULL NAME OF CHILD Alma Bessie Ott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Oct 24 1920

FATHER		MOTHER	
FULL NAME	John Ott	FULL MAIDEN NAME	Bessie Smith
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Washington
OCCUPATION	Millhand	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H. Mast

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Coeur d'Alene Idaho

Filed Dec 7 1920 D D Drenna Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-94-221-028-236

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida. Registration District No. 30 File No. 85078

No. ____ St. Primary Registration District No. 1057 Registered No. 855

Hospital ____

FULL NAME OF CHILD Blanch Eileen Eide

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Oct 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Eide	Juneta Stones
RESIDENCE	Coeur d'Alene,	Coeur d'Alene,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	28
BIRTHPLACE	Norway	Wisconsin
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:15 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Condon M.D.
(Physician or midwife)

Address Coeur d'Alene Ida

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Dec 4 1920 D D Drenna
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-220-028-592

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 85079

No. ..... St.

Primary Registration District No. 1051 Registered No. 856

Hospital .....

FULL NAME OF CHILD Doris Anita Erley.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Oct. 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Erley	FULL MAIDEN NAME	Jessie R. Vesser.
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Coood. Lw

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida

Filed Dec 4 1920 D D Drenna

Registrar

DEC 24 1970

556 - 101 - 028 - 335

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 85080

Primary Registration District No. 1051 Registered No. 857

Full Name of Child Harold Austin Newell

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	one	one	Yes	Oct 7 1920

FATHER

FULL NAME: Austin B Newell

RESIDENCE: Coeur d Alene

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Stella Myrtle Clevenger

RESIDENCE: Coeur d Alene

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Hoadley

(Physician or midwife)

Address Coeur d Alene Idg

Filed Dec 4 1920 D D Drema
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

MAY 2 1 1943

389-127-028-762

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 30

File No. 85081

Primary Registration District No. 1051

Registered No. 858

Full Name of Child [illegible] Chisholm

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	one	one	Yes	May 27 1920

FATHER

FULL NAME: Donald Hugh Chisholm

RESIDENCE: Coeur d Alene

COLOR: White — AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Truck Driver

MOTHER

FULL MAIDEN NAME: Sibyl Josephine Poston

RESIDENCE: Coeur d Alene Ida

COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Virginia

OCCUPATION: Housewife

Number of child of this mother, including present birth: one Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J K Holden

Physician (Physician or midwife)

Address Coeur d Alene Ida

Filed Dec 4 1920 D D Drenna Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-118-029-962

PLACE OF BIRTH

[redacted] p. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Deacon Ave ~~St.~~

Hospital

Registration District No. 61 File No. 85082

Primary Registration District No. 1011 Registered No. 324

FULL NAME OF CHILD Walter Robert Marner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm. Richard Marner	FULL MAIDEN NAME	Charlotta Maude Robbins
RESIDENCE	Deacon Ave	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Springfield Ill.	BIRTHPLACE	E. St. Louis, Ill.
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Moscow, Ida.

Filed Nov- 30 1920 W. H. Carithers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. 1

693 - 224-029-239

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 215 W. 3rd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 85083

Primary Registration District No. 1011 Registered No. 308

FULL NAME OF CHILD Olive Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Oct.	24	1920

FATHER	MOTHER
FULL NAME: Ray Alvin Williams	FULL MAIDEN NAME: Minnie Stilwell
RESIDENCE: 215 W. 3rd St	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Springfield S. Dak.	BIRTHPLACE: New York City N.Y.
OCCUPATION: Truck Driver	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:15 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

Physician

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 6 1920 N H Carothers

Registrar

955-126-029-122

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 85084

Primary Registration District No. 1011 Registered No. 309

Full Name of Child Gilmore L. Iverson

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Oct 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gilbert Iverson	FULL MAIDEN NAME	Bertha Ashland
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white AGE AT LAST BIRTHDAY 30 (Years)	COLOR	white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 11-a-M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed Nov 13 1920 M H Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 6 1965

253-127-029-289

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 101 File No. 85085

No. 917 S. Adams St.

Primary Registration District No. 1011 Registered No. 310

Hospital

FULL NAME OF CHILD Owen Labon Kelley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 27 1920

FATHER	MOTHER
FULL NAME Clarence Leslie Kelley	FULL MAIDEN NAME Emma Elvira Byington
RESIDENCE 917 So. Adams St. Moscow Ida	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Vocational Student	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Hitchcock
Physician
(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov 30 1920 W. H. Carruthers
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1973

DEC 3 1973

766 - 128-02-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 85086

No. 720 So. Main St.

Primary Registration District No. 1011

Registered No. 311

Hospital. The Gritman

FULL NAME OF CHILD Donald Luis Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 28 1920

FATHER		MOTHER	
FULL NAME	Benny Powell	FULL MAIDEN NAME	Hazel Hanson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Missouri	BIRTHPLACE	Moscow Idaho
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn), at 9:30 P. M. on the date above stated.

(Signature) Roscoe L. Clark

Physician

(Physician or midwife)

Address Moscow Idaho

Filed Nov 30 1920 W. H. Cavitnell

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-102-029-275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Moscow

No. 423 W. 3rd St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 85087

Primary Registration District No. 1011 Registered No. 312

FULL NAME OF CHILD William Spencer Turnbow

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 2 1920

FATHER		MOTHER	
FULL NAME	Wm Pressly Turnbow	FULL MAIDEN NAME	Mary Spencer
RESIDENCE	Palouse Wn	RESIDENCE	Palouse Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	State of Wash.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stevenson

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow Id.

Filed Nov 30 1920 M. H. Carithers Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

YEAR: 1920

FILE # 85088

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-85088 A & B NOT TWINS

264 - 103 - 029 - 266

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61 File No. 85088A

No. 517 S. Jackson St.

Primary Registration District No. 104 Registered No. 313

Hospital

FULL NAME OF CHILD Eugene A. Bowen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 3 1920

FATHER

FULL NAME John Emmons Bowen

RESIDENCE 517 Jackson St. Moscow.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Washington

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Myrtle May Bowen

RESIDENCE Same

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Washington

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Virgil M. Gilchrist

Physician

(Physician or midwife)

Address Moscow, Idaho

Filed Nov 30 1920 M. H. Carruthers

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 85088 A
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eugene Ai Bowen (Name on Original Certificate) who Born (Was Born or Died) on Nov 3-1920 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Aug 10-1942 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's maiden name	Cleveland	Myrtle Mae Bowen

Subscribed and sworn to before me this 24th
day of February 1945
Elsa Barnett
Notary Public, residing at Coeur d'Alene
My commission expires
(Seal)

NOTARY PUBLIC
Residing at Coeur d'Alene, Idaho
My commission expires July 15, 1947

Signed Myrtle Mae Bowen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
403 Dollar St. Coeur d'Alene Idaho
(Street Address, City, State)

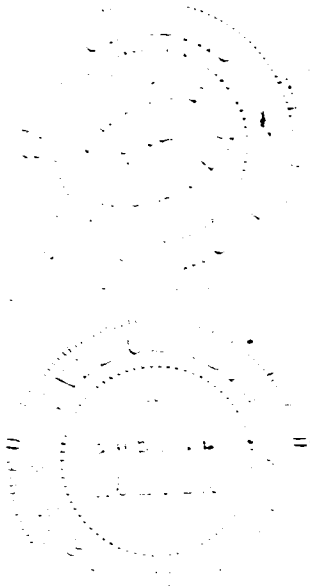
SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24th
day of Mar, 1945
[illegible]
Notary Public, residing at Coeur d'Alene Ida
My commission expires Oct 15-1946
(Seal)

Signed Thelma I Pugh
(Signature of Any Credible Person)
Dayton, Wash.
(Street Address, City, State)



APR 7 1945

691-287-225-231

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Gauthers

Registration District No. 61

Primary Registration District No. 1011

File No. 85088 B

Registered No. 314

FULL NAME OF CHILD Lillie Marie Frantzich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 3 1910

FATHER		MOTHER	
FULL NAME	Gustaf Frantzich	FULL MAIDEN NAME	Eva Stanford
RESIDENCE	Troy R 1	RESIDENCE	Troy R 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. H. Gauthers

M. D. (Physician or midwife)

Address Moscow Ida

Filed Nov. 3 1910 W. H. Gauthers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-205-029-458

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

Registration District No. 61

File No. 85089

Primary Registration District No. 1011

Registered No. 315

FULL NAME OF CHILD Evelyn Meta Taber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Glenn E. Taber	FULL MAIDEN NAME	Freda M. Meyers
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Manchester Iowa	BIRTHPLACE	Genesee Idaho
OCCUPATION	Banking	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 10:10 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L Gritman

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Registrar

Filed Nov 30 1920 W H Carithers

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...N RESERVED FOR BINDING

318-207-278-125

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 120 S. Almon St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 85090

Primary Registration District No. 1011 Registered No. 316

FULL NAME OF CHILD Virginia May Laherty

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth: (Month) (Day) (Year)
Girl			Yes	Nov 7 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles A. Laherty	Luella N. Cain
RESIDENCE	120 S. Almon St	120 S. Almon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	21
BIRTHPLACE	Cotton Wash	Potosi Wash
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Leech M. D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 30 1920 W. H. Lauthers
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTI

PLACE OF BIRTH

JUL 1 1958

625-208-029-599

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Cauthers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 61

File No. 85091

Primary Registration District No. 1011

Registered No. 317

FULL NAME OF CHILD Jan Lois Oberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 8 1920

FATHER

FULL NAME John Oberg

RESIDENCE Moscow

COLOR White AGE AT LAST BIRTHDAY 56 (Years)

BIRTHPLACE Sweden

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Hattie Erickson

RESIDENCE Moscow

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Cauthers

Physician. (Physician or midwife)

Address Nov 9 1920 Moscow

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 9 1920 W. H. Cauthers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-111-029-866

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 404 College St.

Hospital

Registration District No. 61 File No. 85092

Primary Registration District No. 1011 Registered No. 318

FULL NAME OF CHILD William H. Minear

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 11 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Virgil L. Minear	FULL MAIDEN NAME	Verna M. Howard
RESIDENCE	404 College Ave.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Vocational Student	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Moscow Idaho.

Registrar

Filed Nov 30 1920 W. H. Carithers Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745-118-029-281

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 85093

No. ..... St.

Primary Registration District No. 1011

Registered No. 319

Hospital .....

FULL NAME OF CHILD Leon John Gummere

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard R Gummere	FULL MAIDEN NAME	Evelyn W Shaw
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Harpprings Nebr	BIRTHPLACE	Adair Okla
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Hatfield D.O.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow Ida

Filed Nov 30 1920 W H Carithers

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1975

194-118-029-252

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow — Registration District No. 61 — File No. 85094

No. 720 No. Main St. — Primary Registration District No. 1011 — Registered No. 3209

Hospital The Gritman

FULL NAME OF CHILD Edward Harold Sims

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	3	Yes	11 — 18 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Edward Sims	Myrtle Ivy Besson
RESIDENCE	La Crosse Wash	La Crosse Wash
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Missouri	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Charles L. Gritman

Physician

(Physician or midwife)

Address Moscow Idaho

Filed Nov 30 1920 M. K. Carithers

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-123-029-862

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Registration District No. 61

File No. 85095

Primary Registration District No. 1911

Registered No. 321

Hospital The Gritman

FULL NAME OF CHILD Eugene Victor Reeve

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes.	11 - 23 1911

FATHER		MOTHER	
FULL NAME	Vernon Reeve	FULL MAIDEN NAME	Ruth Houston
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fleming, Minn.	BIRTHPLACE	Moscow, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman

Physician

(Physician or ~~midwife~~)

Address Moscow, Idaho -

Given names added from a supplemental report.

.....19.....

Registrar

Filed Nov 30 1920

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-223-029-419

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

Registration District No. 61

File No. 85096

Primary Registration District No. 1011

Registered No. 322

FULL NAME OF CHILD Dorothy Ruth Haynes

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	Yes	11 (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Archie Monroe Haynes	FULL MAIDEN NAME	Ada Marshall
RESIDENCE	Clinton Wash	RESIDENCE	Clinton, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Clinton Wash	BIRTHPLACE	Blackfoot Idaho
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Moscow, Idaho

19

Filed Nov 30 1920 W H Carthers

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-228-029-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital Carithers

Registration District No. 61

File No. 85097

Primary Registration District No. 1011

Registered No. 323

FULL NAME OF CHILD Elizabeth Louise Steltz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George William Steltz	FULL MAIDEN NAME	Emmaline L. Weber
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moscow Ida

Registrar

Filed Nov 28 1920 W. H. Carithers Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

299-218-035-296

PLACE OF BIRTH

STATE OF IDAHO [redacted]
BUREAU OF VITAL STAT[redacted]

C—25m-9-8-17

CERTIFICATE OF BIRTH

85098

County of Nez Perce

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62

File No. .....

Primary Registration District No. 2142

Registered No. 16

FULL NAME OF CHILD Mary Anna Kries

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11-18-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Peter Kries	FULL MAIDEN NAME	Margaret Broemling
RESIDENCE	Genesee - Ida.	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Uniontown - Washington
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 05 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Kause M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Genesee - Idaho.

Filed Nov. 30 1920

W. N. Ehem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

YEAR: 1920

FILE # 85099

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-85099 A & B NOT TWINS

759-213-029-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fifth

City of Geneva

No. ..... St.

Hospital .....

Registration District No. 62

File No. 85099 A

Primary Registration District No. 2142

Registered No. 15

FULL NAME OF CHILD Gladys Adeline Gorhke

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	11-13-1925 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hugo Gerhke	FULL MAIDEN NAME	Barbara Scharnhorst
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Nehem

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 11-14 1925 W. Nehem

Registrar

In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-103-029-693

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 85099B

Primary Registration District No. 2142 Registered No. 14

FULL NAME OF CHILD ... Cecil Earnest Weinmann

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11-3-1920

FATHER		MOTHER	
FULL NAME	Henry Earnest Weinmann	FULL MAIDEN NAME	Nellie Fay Willis
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Moscow Idaho	BIRTHPLACE	N.C.
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. H. Pearce M.D.

(Physician or midwife)

Address Genesee - Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 3 1920

W. H. Ehrem

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-228-029-413

PLACE OF BIRTH

County of Latah

City of Potlatch

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 85100

Primary Registration District No. 2145 Registered No. _____

FULL NAME OF CHILD Mary Josephine Mackey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	t		t	Yes	Aug 28 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. O. Mackey.	Margaret Cox Mackey
RESIDENCE	1½ mi. S. Potlatch	Same
COLOR	W.	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Farmer	housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) E K Wolfe M D

(Physician or midwife)

Address Potlatch, Wash

Filed Nov 12 1920

Dr J W Thompson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Dr J W Thompson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1948

418-105-029-843

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Latah

City of

No. St.

Hospital

Registration District No. 65 File No. 85101

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Leslie Clarence Day

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Sept 5 1920

FATHER	MOTHER
FULL NAME: Ernest C Day	FULL MAIDEN NAME: Francis Hulett - Day
RESIDENCE: 2½ Mi West Potlatch	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Mo
OCCUPATION: Farmer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9P M. on the date above stated.

(Signature) E. K Wolfe M D

(Physician or midwife)

Address Palouse Wash

Filed Dec. 1st 1920 D J Jr Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

6-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-129-029-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of —

No. _____ St.

Registration District No. 65. File No. 85102

Primary Registration District No. 2145 Registered No. _____

Hospital _____

FULL NAME OF CHILD Ray Edward Lynd.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Oct. 29 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reuben E. Lynd.	Mary West Lynd.
RESIDENCE	3 Mi. E. Palouse Wn	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Wash.	Ill.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth (3)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) C. K. Wolfe M. D.

(Physician or midwife)

Address Palouse, Wash.

Filed Nov 15 1920 Dr J W Thompson Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-108-029-556

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 350 6th St.

Registration District No. 65 File No. 85103

Primary Registration District No. 2146 Registered No.

Hospital

FULL NAME OF CHILD Kenneth Claire Newman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Oct 8 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Newman	FULL MAIDEN NAME	Ida Newman
RESIDENCE	Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wisc
OCCUPATION	Lumber grader	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1059 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heim MD

(Physician or midwife)

Given names added from a supplemental report.

Address Palouse Wn

19

Filed Nov 1st 1920 Dr J.W. Thompson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

13

857-102-029-712

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 955 E Pine St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 85104

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Walter George Stegg

Sex of Child male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes. | Date of Birth Nov 2 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Carl Alesen Stegg.	FULL MAIDEN NAME Lydia Rachel Parox
RESIDENCE Potlatch Ida	RESIDENCE Potlatch Ida
COLOR white	AGE AT LAST BIRTHDAY 36 (Years)
COLOR white	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Norway	BIRTHPLACE Switzerland
OCCUPATION Lumber grader.	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:20 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ernest V Hess M D
(Physician or midwife)

Address Palouse Wash

Filed Nov 15 1920

W. J. Thompson
Registrar

766-130-029-692

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Latah Precinct

Registration District No. 65

File No. 85105

No. _____ St.

Primary Registration District No. 2145

Registered No. _____

Hospital _____

FULL NAME OF CHILD Marlin GUY Pool

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single			Yes	Oct 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Guy Pool	FULL MAIDEN NAME	Celia C Fisher
RESIDENCE	Latah Precinct	RESIDENCE	Latah Precinct
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Dartt
M D
(Physician or midwife)

Given names added from a supplemental report.

Marlin Guy Pool 19

F. W. Almond
State Registrar

Address Palouse Wash

Filed Nov 15 1920 Dr. J. W. Thompson
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 23 1942

MIddle name G. to Guy per SROB added 8/28/13 ly

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

84-105

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Palouse Wash. R.D.

Street and House No. R.F.D.

County Latah & Idaho

Registered No. 65

Registration Dist. No. 2145

Sex of Child Male

Date of Birth Oct 30 1920
MONTH DAY YEAR

Father Guy Pool
FULL NAME

Mother Celia Lorine Fisher
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Marlin Guy Pool
GIVEN NAME IN FULL SURNAME

as reported by Guy Pool
FATHER OR MOTHER

D. J. Thompson
LOCAL REGISTRAR

MAR 2 4 1975

363 - 111 - 029 - 245

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lutah.

City of Harvard.

Registration District No. 65

File No. 85106

No. ..... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Foy LaVerne Cochrane.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			yes.	Nov 11 1920

FATHER		MOTHER	
FULL NAME	Eugene Cochrane.	FULL MAIDEN NAME	Edna Bunny.
RESIDENCE	Harvard.	RESIDENCE	Harvard.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24.	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Idaho.	BIRTHPLACE	Nebraska.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn), at 8:16 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson - M.D.

(Physician or midwife)

Address Potlatch Idaho

Given names added from a supplemental report. ..... 19.....

Filed Nov 15th 1921

Dr. J. W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

512-125-029-759

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Princeton

No. _____ St.

Hospital _____

Registration District No. 65

File No. 85107

Primary Registration District No. 2145

Registered No. _____

FULL NAME OF CHILD Levi Vassar

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Nov 25 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. L. Vassar	FULL MAIDEN NAME	Maude Robins
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Potlatch

Filed Nov 25 1920

Dr. J. W. Thompson Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1945

299-223-029-625

PLACE OF BIRTH

County of Lalah

City of Bovill

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 66 File No. 25 85108 .85108

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Irene Rose Briggs

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 23 1920

FATHER	MOTHER
FULL NAME: Henry Arthur Briggs	FULL MAIDEN NAME: Blanche Rose O'Keefe
RESIDENCE: Bovill Idaho	RESIDENCE: Bovill Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Minnesota
OCCUPATION: Fireman	OCCUPATION: House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed 9/30 1920 Mrs J.C. Gibson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1970

APR 15 19

847-220-029-499

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 85409

No. ____ St.

Primary Registration District No. 216 Registered No. ____

Hospital Bovill Hosp.

FULL NAME OF CHILD Rita Faye Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Sept 20 1920

FATHER	MOTHER
FULL NAME: Sam Proctor Hughes	FULL MAIDEN NAME: Esther Dingmann
RESIDENCE: Bovill Idaho	RESIDENCE: Bovill Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Mechanic	OCCUPATION: Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician
(Physician or midwife)

Address Bovill Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed 9/25 1920 Mrs F.C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 6 19

693-220-029-381

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Stanford

No. ..... St.

Registration District No. 64 File No. 85110

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Luella Rose Willard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Sept 20 1920

FATHER		MOTHER	
FULL NAME	Leroy Willard	FULL MAIDEN NAME	Flora A. Chase
RESIDENCE	Stanford Idaho	RESIDENCE	Stanford Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) F. C. Gibson

Physician
(Physician or midwife)

Address Bovill Idaho

Filed 9/30 19 20 M. F. C. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-213-029-393

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

No. ..... St.

Hospital .....

Registration District No. 66 File No. 85111

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Helen Eileen Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) - 13 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Brown	FULL MAIDEN NAME	Orpha Blanche Little
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Bovill Idaho

Filed 9/20 1920 Mrs F. C. Gibson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36.4 - 206-029-749

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85112

County of Latah

City of Bovill

Registration District No. 66 File No. 21

No. ..... St.

Primary Registration District No. 2146 Registered No. .....

Hospital .....

FULL NAME OF CHILD Evelyn Mae Courtmanch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Sept (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Hilery Joseph Courtmanch	FULL MAIDEN NAME	Caroline Vera Purcell
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Michigan
OCCUPATION	Conductor	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 - A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. C. Gibson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bovill Idaho

Filed Sept 15 1920 Mrs T. C. Gibson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

249-203-029-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 85113

No. ..... St.

Hospital Bovill Hosp

Primary Registration District No. 2146 Registered No. .....

FULL NAME OF CHILD Virginia Louise Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 3 1920

FATHER		MOTHER	
FULL NAME	Wm P. Smith	FULL MAIDEN NAME	Gladys M. Haverland
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	North Dakota
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) J. C. Gibson

Physician
(Physician or midwife)

Address Bovill Idaho

Filed 9/13 1920 W. K. Gibson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 22 1966
SEP 12 1972

716-131-040-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85114

County of Shoshone

City of Clarkia

Registration District No. 66 File No. #19

No. ____ St.

Primary Registration District No. 2146 Registered No. ____

Hospital ____

FULL NAME OF CHILD John Arthur Gaffney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	8 - 31 1920

FATHER		MOTHER	
FULL NAME	Arthur Gaffney	FULL MAIDEN NAME	Lena Marsh
RESIDENCE	Clarkia Ida	RESIDENCE	Clarkia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Trainman	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12-4 M. on the date above stated.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address Bovill Idaho

Filed 9/4 1920 Wm F. C. Gibson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-106
029-23

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juretta

Registration District No. ..... File No. 85115

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD George Neil Bowen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	6	Yes	Sept 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grover C. Bowen	FULL MAIDEN NAME	Pearl Stewart
RESIDENCE	Juliette	RESIDENCE	Juliett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Abril 9-6-20 at 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Kelly

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kendrick Idaho

Filed Nov-8 1920 R. F. Pepple
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF BIRTH

319-116-029-843

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Idaho

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 85116

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gerald Nathen Carlton

Sex of Child Boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Legitimate	Date of Birth Oct 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marshall Gaartton	FULL MAIDEN NAME	Caroline Hutchison
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Na	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4a M4 on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Augusta Hain

[redacted] midwife)

Given names added from a supplemental report.

..... 19....

Address Juliaetta Ida

Filed Nov 10 1920 R. F. Pepper

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-224-029-869

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tetah

City of Juliette Idaho

Registration District No. 68 File No. 85117

No. — St.

Primary Registration District No. Registered No.

Hospital —

FULL NAME OF CHILD Baby Hampton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph D Hampton	FULL MAIDEN NAME	Mamie Horn
RESIDENCE	Juliette	RESIDENCE	~~Teakeen~~ Juliette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1230 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Kelley (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Kendrick Idaho

Filed Oct 29 1920 R F Pepple Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-130-029-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 68 File No. 85118

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Keith Ivan Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Oct 30 1920

FATHER		MOTHER	
FULL NAME	Geo S. Miller	FULL MAIDEN NAME	Eula A Grover
RESIDENCE	Oakesdale Wash	RESIDENCE	Oakesdale Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 15 P M. on the date above stated.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Address Kendrick Idaho

Filed Nov. 8 1920 R. F. Pepple Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

JUL 24 1958

365-120-030-367

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

Registration District No. 41 File No. 85119

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Longley

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11-20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas H. Longley	FULL MAIDEN NAME	Myrtle E. Mogg
RESIDENCE	Baker, Ida	RESIDENCE	Baker, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Stratton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 12-10 1920 M. Deming Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Adresse .....

Ile de ..... 19 .....

Registre

319-225-030-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Carmen

No. ..... St.

Hospital .....

Registration District No. 41 File No. 85120

Primary Registration District No. D.1.1.6. Registered No. .....

FULL NAME OF CHILD Beretta Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	11/25 1917

FATHER	MOTHER
FULL NAME Norman Torey Carlson	FULL MAIDEN NAME Sarah Firth
RESIDENCE Carmen	RESIDENCE Carmen
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR W. AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. F. Hammer M.D.

(Physician or midwife)

Address Salmon, Idaho

Filed 12/10 1920 M. Deming Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-206-030-962

PLACE OF BIRTH

County of Idaho

City of Carmen

Amended 7-10-81

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 41 File No. 85121

Primary Registration District No. 2.1.1.6 Registered No. .....

FULL NAME OF CHILD MAUDE ELEANOR Mathews

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	11-6-20

FATHER	MOTHER
FULL NAME Walter J. Mathews	FULL MAIDEN NAME Elsie Robertson
RESIDENCE Carmen, Ida	RESIDENCE Carmen, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. Shelton, M.D.

(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12/10 1920 M. Deming Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-13-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California } ss.
County of DEL NORTE

Rec'd 5-7-81

Certificate No. 85121
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Matthews (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 6, 1920 (Date of Event)

in Carmen (Lemhi) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Maude Eleanor Mathews
fathers last name	Matthews	Mathews

Subscribed and sworn to before me this 4th day of December, 1980.

Notary Public, Donna L. Skeen
Residing at 936 Third St. Crescent City Ca 95531
My commission expires

Maude Eleanor Mathews Combs
Arlen W. Mathews
Signature of Applicant
Rt 2 Box 1170 Smith River Ca
Street Address, City, State

OFFICIAL SEAL
DONNA L. SKEEN
NOTARY PUBLIC — CALIFORNIA
DEL NORTE COUNTY
My Commission Expires June 27, 1983

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

County of ___ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Record gives name as Maude Eleanor Mathews born Nov. 6, 1920, in Carmen, Idaho, to Walter Mathews and Olive Robertson. Record old -

JUL 10 1981

Derived by V.S.

School record gives name as Maude Eleanor Mathews born 11-6-1920, in Lemhi County, Idaho. Record dated Sept 1930.

Derived by V.S.

243-117-030-331

PLACE OF BIRTH

County of Kootenai

City of Saltese

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 85122

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD ..... Warren Gust Butterfield .....

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m.		yes	Nov 17 1920

FATHER	MOTHER
FULL NAME: Elmer Wallace Butterfield	FULL MAIDEN NAME: Celia Claussen
RESIDENCE: Saltese	RESIDENCE: Saltese
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Nebraska
OCCUPATION: Laborer	OCCUPATION: Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas F. Hammer M.D.

(Physician or midwife)

Address Osburn, Idaho

Filed 12/10 1920 M. Wenig Greene Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of IDAHO) Certificate No. 85122
)ss
County of LEMHI) Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (birth or death) for WARREN G. BUTTERFIELD (Name on original certificate) who WAS BORN (was born or died) on NOVEMBER 17, 1920 (Date of event) in LEMHI COUNTY (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by AFFADAVIE BELOW (Bible record, insurance plcy.etc.) prepared on SEPTEMBER 5, 1941 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Warren G. Butterfield
Date of birth	Nov. 19, 1920	November 17, 1920

Subscribed and sworn to before me this 5th day of SEPTEMBER 1941

Signed Delva Clawson Butterfield MOTHER
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Maurine C. McBride
Notary Public
Residing at SALMON, IDAHO

SALMON, IDAHO
(Street address, City, State)

My commission expires DEC. 1, 1944

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of IDAHO)
)ss
County of LEMHI)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of SEPTEMBER 1941

Signed Mrs Elda Forbes
(Signature of any credible person other than the previous affiant.)

Maurine C. McBride
Notary Public
Residing at SALMON, IDAHO

SALMON, IDAHO
(Street address, City, State)

My commission expires DEC. 1, 1944
(SEAL)

JUL 17 1948

FEB 19 1944

296-110-030-349

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 85123

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Wm. Verner Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov 10 1920

FATHER	MOTHER
FULL NAME: Geo Alexander Brown	FULL MAIDEN NAME: Edna Wrigley
RESIDENCE: Salmon	RESIDENCE: Salmon
COLOR: White	COLOR: W.
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Prop. butcher shop	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a.m. on the date above stated.

(Signature) Chas F. Hammer M.D

(Physician or midwife)

Address Salmon Idaho

Filed 12-14-1920 W. Verner Greene Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 1947

455-109-030-653

PLACE OF BIRTH

County of Lemhi

City of Leadore

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 42 File No. 85124

Primary Registration District No. 2153 Registered No. 14

FULL NAME OF CHILD William Elmer Denny

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Oct. 9 1920

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Charles Elmer Denny	FULL MAIDEN NAME Nellie Wells
RESIDENCE	Leadore, Idaho	Leadore, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY	34 (Years)	20 (Years)
BIRTHPLACE	Junction, Idaho.	Big Fork, Montana.
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Irvin B. Keller

Physician (Physician or midwife)

Address Leadore, Idaho

Given names added from a supplemental report.

12/9/20 19 ____

D B Keller Registrar

Filed 12/9 1920 D B Keller Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

743 - 215 - 030 - 493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 85125

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD LAVILLA MAUDE Gutzman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Apr 15th 1920

FATHER		MOTHER	
FULL NAME	John Gutzman	FULL MAIDEN NAME	Annie Miller
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	63	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Kansas	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F B Wright M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Salmon

Filed 10/10 V 1920 M Adring Greene

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of LEMHI } ss.

Certificate No. 85125

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or ~~Death~~)
for UNNAMED GUTZMAN (Name on Original Certificate) who WAS BORN (Was Born or Died) on Sept 16 1920 (Date of Event)
in SALMON, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by MOTHER'S EVIDENCE (Bible Record, Insurance Policy, Etc.) prepared on JUNE 5, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	LAVILLA Maude Gutzman

Subscribed and sworn to before me this 5th
day of JUNE 19 42
Maureen C. McBride
Notary Public, residing at SALMON, IDAHO
My commission expires 11/24/44
(Seal)

Signed Annie Gutzman Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
SALMON, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of LEMHI } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of JUNE 19 42
Maureen C. McBride
Notary Public, residing at SALMON, IDAHO
My commission expires 11/24/44
(Seal)

Signed Julia A Redding COUSIN
(Signature of Any Credible Person Other Than Previous Year)
SALMON, IDAHO
(Street Address, City, State)

JUN 12 1942

893-108-031-913 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce, R. F. D.

Registration District No. 50

File No. 85126

No. ..... St.

Primary Registration District No. 2129

Registered No. 47 (47)

Hospital .....

FULL NAME OF CHILD Bert C. Hicks, Jr.,

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	--		--	Yes	Nov. 8 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert C. Hicks	FULL MAIDEN NAME	Ada Ratliff
RESIDENCE	Nezperce, R. F. D.	RESIDENCE	Nezperce, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Craigmont, Ida.

..... 19 .....

Filed 11/9 19 ..... R. E. Dunlap

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-209-031-755

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont

No. ..... St.

Hospital .....

Registration District No. 50

Primary Registration District No. 2129

File No. 48 85127

Registered No. 48

FULL NAME OF CHILD Isabelle Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	---	---	Yes	Nov 9 1920.

FATHER

FULL NAME Harland P. ~~Brooks~~ (Brooks)

RESIDENCE Craigmont Idaho.

COLOR white

AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Arkansas

OCCUPATION Proprietor Barber Shop

MOTHER

FULL MAIDEN NAME A. Isabelle Gregory

RESIDENCE ~~Craigmont, Idaho.~~

COLOR ~~white~~

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) P. E. Dunlap M.D.

(Physician or midwife)

Address Craigmont, Idaho.

Filed 11/24 1920 P. E. Dunlap

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1964

862-118-831-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Star Route Registration District No. 50 File No. 85128

No. ..... St. Primary Registration District No. 21219 Registered No. 49

Hospital .....

FULL NAME OF CHILD Hostley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	--	--	yes	Oct 18 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Robert Andrew Grey Hostley	FULL MAIDEN NAME Georgia Alice Stevens
RESIDENCE Winchester Star Route	RESIDENCE Winchester Star Route
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ill.	COLOR White
OCCUPATION Rancher	AGE AT LAST BIRTHDAY 20 (Years)
	BIRTHPLACE Lewiston, Idaho.
	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Craigmont, Idaho.

..... Registrar

Filed 11/2 19.....

P. E. Dunlap Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-127-031-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens, Idaho.

No. ..... St.

Hospital .....

Registration District No. 50 File No. 85129

Primary Registration District No. 3129 Registered No. 50

FULL NAME OF CHILD Bernard Leonard Stellyes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Nov. 27 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Herman D. Stellyes	FULL MAIDEN NAME: Gertrude Graebner
RESIDENCE: Reubens, Idaho	RESIDENCE: Reubens, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Mo.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12, 20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Bernard Leonard

Registrar

Address Craigmont, Idaho.

Filed 11/28 1920

[signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1964

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

Move postal to Phone

I hereby certify that the child of (R E Dwelch)

Herman D. Stellyes
(NAME OF FATHER)

and Gertrude E. Graebener
(MAIDEN NAME OF MOTHER)

born on November 27, 1920

has been named Bernard Leonard

Mrs. H. D. Stellyes
(SIGNATURE OF FATHER OR MOTHER)

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

BUREAU OF STATISTICS

618-201-031-593

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, R. F. D. Registration District No. 50 File No. 85130

No. ..... St. Primary Registration District No. 2129 Registered No. 51

Hospital .....

FULL NAME OF CHILD Phyllis Elaine Way

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	Dec. 1, 1920

FATHER	MOTHER
FULL NAME: Clyde Bertell Way	FULL MAIDEN NAME: Hannah Selma Olivia Nilson
RESIDENCE: Craigmont, R. F. D.	RESIDENCE: Craigmont, R. F. D.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Moscow, Idaho.	BIRTHPLACE: Nebraska
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Daniels M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Craigmont, Idaho

Filed 12/1 19 20

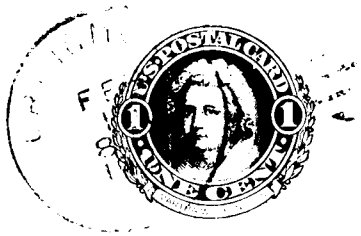
..... Registrar

P. E. Daniels Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY

493-109-031-698

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce — Registration District No. 47 — File No. 85131

No. ____ St. — Primary Registration District No. ____ — Registered No. 116

Hospital ____

FULL NAME OF CHILD Maurice Joseph Mitchell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Oct (Month) 9 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Joseph McClure Mitchell	FULL MAIDEN NAME: Cora Marie Fryman
RESIDENCE: Nezperce Ida	RESIDENCE: Nezperce Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Texas	BIRTHPLACE: Kirk
OCCUPATION: R.R. Supt	OCCUPATION: House Wife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:45 P M. on the date above stated.

(Signature) John F Gist M.D.

(Physician or midwife)

Address Nezperce Idaho

Filed 11 11 1920

Albert Hoff Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1952

DECEASED

919-218-031-123

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47

File No. 85132

No. ..... St.

Primary Registration District No. .....

Registered No. 115

Hospital .....

FULL NAME OF CHILD Viola Katherine Rachelmeire

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 18 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Alois John Rachelmeire	FULL MAIDEN NAME: Celia Katherine Ahlen
RESIDENCE: Nezperce Ida	RESIDENCE: Nezperce Ida
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Ohio
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 58 M. on the date above stated.

(Signature) John F Gest M.S.

(Physician or midwife)

Address Nezperce Idaho

Filed 11-11 1920

Albert Huff
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Albert Huff
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

819-215-031-263

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47

File No. 85133

Primary Registration District No. .....

Registered No. 114

FULL NAME OF CHILD Mary Patricia Hartnett

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)	Yes	Oct 15 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Patrick John Hartnett	FULL MAIDEN NAME	Cecilia Fachelmeier
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn.	BIRTHPLACE	Minn
OCCUPATION	Ware House man.	OCCUPATION	Home Life

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at 8 8 9 M. on the date above stated.

(Born alive or stillborn)

(Signature) John F. Gest M.

(Physician or midwife)

Address ..... Nezperce Idaho

Filed 11-11 1920

Albert Huff
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Albert Huff
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-118-031-631

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47

File No. 85134

Primary Registration District No. .....

Registered No. 113

FULL NAME OF CHILD Clyde Edward Perrine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adrian LeRoy Perrine	FULL MAIDEN NAME	Grace May Flatt
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mohler Ida	BIRTHPLACE	Nezperce Ida
OCCUPATION	Farmer	OCCUPATION	Home Life

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 30 9 M. on the date above stated.

(Signature) John F. Gist

Nezperce Idaho (Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19

Albert Huff Registrar

Address .....

Filed 11-11 1920

Albert Huff Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-206-031-238

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. _____ St.

Hospital _____

Registration District No. 47

File No. 85135

Primary Registration District No. _____

Registered No. 112

FULL NAME OF CHILD Frieda Marie Koepl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Anthony Koepl	FULL MAIDEN NAME	Emma Matilda Schlader
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Russell Ida
OCCUPATION	Farmer	OCCUPATION	Home Life

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was John F. Gist Maho, at 6:30 9 M. on the date above stated.
(Born alive or stillborn)

(Signature) John F. Gist

Nezperce Idaho
(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

Albert Huff
Registrar

Address _____

Filed 11-11 1920

Albert Huff
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-221-031-849
Amended 2/14/73

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47

File No. 85136

Primary Registration District No. .....

Registered No. 111

FULL NAME OF CHILD Barbara Louise Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 21 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Martin LeRoy Thompson	FULL MAIDEN NAME: Sanarah Eulalah Hurbke
RESIDENCE: Nezperce Idaho	RESIDENCE: Nezperce Idaho
COLOR: White — AGE AT LAST BIRTHDAY 27 (Years)	COLOR: White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE: Genesee Idaho	BIRTHPLACE: Nezperce Idaho
OCCUPATION: Farmer	OCCUPATION: Farmer

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

(Signature) John T. Gen[illegible]

Nezperce Idaho
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Address .....

Albert Huff
Registrar

Filed 11-11 1920

Albert Huff
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 12 12 58 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Hawaii } ss.
County of Honolulu }

Certificate No. 85136

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Barbra Louise Thompson who was born on Oct. 21, 1920 in Nez Perce, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ....., are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Barbra Louise Thompson	Barbara Louise Thompson

Subscribed and sworn to before me this 6th day of February, 1973

Mildred Y. Tom
Notary Public, residing at Honolulu, Hawaii
My commission expires
(Seal)

Notary Public, First Judicial Circuit
State of Hawaii
My Commission expires 11-30-73

Signed Leonard E Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 1/29/73 lcc pd. rec. #8900 Book 11

Confirmation Certificate from the Evangelical Lutheran Church gives name as Barbara Louise Thompson. Dated April 14, 1935. Viewed by V. S.

FEB 14 1973

Transcript from Whitworth College, Spokane, Wash. gives name as Barbara Thompson Entered Sept. 7, 1937. Last date listed on transcript is 1939. Viewed by V. S.

643-226-031-681

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 85137

Primary Registration District No. ..... Registered No. 110

FULL NAME OF CHILD Beatrice Evangeline Fuchs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Jacob Fuchs	FULL MAIDEN NAME	Margaret Isabell Whalen
RESIDENCE	Nezperce Ida	RESIDENCE	Nezperce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Union Town Wash	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. [illegible]

Nezperce Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Albert Huff
Registrar

Address .....

Filed Oct 1920 Albert Huff
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-225-031-454

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47

File No. 85138

No. ____ St.

Primary Registration District No. ____

Registered No. 109

Hospital ____

FULL NAME OF CHILD Mary Garrett Kettman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept 25 1920

FATHER	MOTHER
FULL NAME Christian Abr Kettman	FULL MAIDEN NAME Felicia Medved
RESIDENCE Nezperce Ida	RESIDENCE Nezperce Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Whitman County Wash.	BIRTHPLACE Russia
OCCUPATION Banker	OCCUPATION Home Life

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 2:30 P. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Nezperce Idaho

Given names added from a supplemental report.

..... 19....

Albert Huff
Registrar

Filed 11-11 1920

Albert Huff
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 8 1947

492-122-031-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce — Registration District No. 47 — File No. 85139

No. ..... St. — Primary Registration District No. ..... — Registered No. 107

Hospital .....

FULL NAME OF CHILD ~~William Lionel~~ Kinkelson RICHARD LIONEL MIKKELSON

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X (To be answered only in event of plural births)	X	Yes	Oct. (Month) 22 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME S. L. ~~MIKKELSON~~ MIKKELSON	FULL MAIDEN NAME ~~WILHELMINA~~ Evangeline Brennan
RESIDENCE Nezperce, Ida.	RESIDENCE Nezperce, Ida.
COLOR White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR White — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Nysted Nebr.	BIRTHPLACE Oakesdale, Wasn.
OCCUPATION Grain buyer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 5. 20 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) .....

(Physician or midwife)

Address Craigmont, Idaho

..... 19.....

Albert Huff Registrar

Filed 11-10-1920

Albert Huff Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85139

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for WILMER LYNEL MICHELSON (Name on Original Certificate) who BORN (Was Born or Died) on OCT. 22 1920 (Date of Event)
in NEZ PERCE IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by S.E MIKKELSON (Bible Record, Insurance Policy, Etc.) prepared on FEB-23-1945 (Give Date), are:
Fill in correct information concerning mother's full name

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Wilmer Lynel	Richard Lionel Mikkelson
surname	Michelson	Mikkelson
Mother's name	Wilnemina Evangeline Brennan	WILHELMINA ?

Subscribed and sworn to before me this 23
day of February, 1945

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed R Mikkelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

PORTLAND ORE 4370 SW BERTHA AVE
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of February, 1945

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Preston W Smith
(Signature of Any Credible Person)

PORTLAND, ORE 1000 LEWIS BLDG
(Street Address, City, State)

MAY 1 0 1955

APR 1 4 1970

FEB 3 7 1945

265-230-031-546

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47

File No. 85140

No. ..... St.

Primary Registration District No. .....

Registered No. 108

Hospital .....

FULL NAME OF CHILD Jean Florence Sweeney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	x		x	Yes	Oct 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur John Sweeney	FULL MAIDEN NAME	Nella Edwin
RESIDENCE	Nezperce, Ida.	RESIDENCE	Nezperce, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Moscow Ida.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Albert Huff
Registrar

Address Craig [illegible]

Filed 11-10 1920

Albert Huff
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Copy of .....

1960

219-110-031-493

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 49

File No. 85141

Primary Registration District No. 2471

Registered No. .....

FULL NAME OF CHILD Barbee

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			1	Yes	11-10 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Barbee	FULL MAIDEN NAME	Maud Mitchell
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dead (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kamiah Idaho

Filed 12/8 1920 C J Johnson

Registrar

S-Y-CO. 38071

195-217-031-794

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49 File No. 85142

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Arnett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	11 (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Arnett	FULL MAIDEN NAME	Leta Lange
RESIDENCE	Woodland, Id	RESIDENCE	Woodland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah Id.

Filed 12/8 1920

C. J. Johnson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-224-031-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49 File No. 85143

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John S. Young	FULL MAIDEN NAME	J. Kach
RESIDENCE	Harrisburg, Idaho	RESIDENCE	Harrisburg, Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah, Idaho

Filed 12/8 1920 C J Johnson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

958-222-032-275

PLACE OF BIRTH

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 1 85144

Primary Registration District No. 1100 Registered No. 25

FULL NAME OF CHILD Eleanor Ethel Reynolds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 22 1920

FATHER		MOTHER	
FULL NAME	Floyd E Reynolds	FULL MAIDEN NAME	Dorothy E Speedy
RESIDENCE	Richfield	RESIDENCE	Richfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Jackson Mich.	BIRTHPLACE	Minneapolis Minn
OCCUPATION	Post Master	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C V Bloom

M D

(Physician or midwife)

Address Richfield Ida

Filed Dec 10 1920 W E Bartlett Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27

JUL 10

449-119 Amended 6-2-72
033-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar — Registration District No. 100 — File No. 85145

No. ____ St. — Primary Registration District No. 2178 — Registered No. 348

Hospital ____

FULL NAME OF CHILD Bernell R. Murdock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 19th 1920

FATHER

FULL NAME: Alva N. Murdock

RESIDENCE: Sugar Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 55 (Years)

BIRTHPLACE: Salt Lake City Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah C. Larsen

RESIDENCE: Sugar Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Manti Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 7th — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Oct. 19, 1920 4-40 A. M. (Born alive or stillborn) on the date above stated.

(Signature) Farley Nelson

M.D.

(Physician ~~or midwife~~)*

Address Rexburg Idaho.

Filed Nov 15 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 2 10 17 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85145

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Mordock (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1920 (Date of Event)
in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Bernell R. Murdock
name of father	Alva N. Mordock	Alva N. Murdock

Subscribed and sworn to before me this 17th day of May, 1972

Notary Public, residing at 125 Bacon Dr. Boise
My commission expires 1974
(Seal)

X Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

RUSH

JUN 2 1972

Farm lease dated November 2, 1945 gives name as Bernell R. Murdock. Farm lease issued to Sarah C. Murdock, a widow (his mother) and Bernell R. Murdock, a single Man.
Viewed by V.S.

College Transcript issued by Arizona State College, Flagstaff, Arizona gives name as Bernell R. Murdock. Granted B. A. Degree May 29, 1950 from Univ of Idaho Southern Branch.
Viewed by V.S.

Certified copy of the school census report issued by School Dist. # 4 Madison County, Idaho in September of 1933 gives name asBernell Murdock. Parent Alva Murdock.
Viewed by V.S

915-106-033-312

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85146

Primary Registration District No. 2178 Registered No. 349.

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 6th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph S. Randall	FULL MAIDEN NAME	Vera Lake
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lyman Idaho	BIRTHPLACE	Fairview Idaho
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Nov. 6t. 1920 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed Nov 15 1920 G. G. Espe
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-120-033-815

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85147

Primary Registration District No. 2178 Registered No. 350

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 20th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry L. Poole	FULL MAIDEN NAME	Anna Hansen
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Menan Idaho	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Auto Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive On Oct. 20th 1920 at 8-30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M. D.
(Physician or Midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed Nov. 15 1920 G. G. Espe
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669 - 207 - 03 - 15 5

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg #3. Registration District No. 150 File No. 85148

No. ____ St.

Primary Registration District No. 2178 Registered No. 351

Hospital ____

FULL NAME OF CHILD Beatrice Rula Worlton

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Only		—	Yes	11 7 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. T. Worlton	FULL MAIDEN NAME	Eudalia Jensen
RESIDENCE	Rexburg #3	RESIDENCE	Rexburg #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Morgan Utah.	BIRTHPLACE	Rexburg Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 30 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) G. T. Parkinson

Physician
(Physician or midwife)

Address ____

Filed Nov 15 1920

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1967

5/28/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 3 8 41 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85148

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Worlton (Name on Original Certificate) who was born (Was Born or Died) on November 7, 1920 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Beatrice Rula Worlton

Subscribed and sworn to before me this First day of June, 1976

..... Notary Public

Notary Public, residing at Rexburg, Idaho
My commission expires 7-3-77
(Seal)

Signed Stephen Eliska Grover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #3 Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Rula W. Grover (Worlton) Social security Card # 519 18 6080 gives name correctly. Card issued, April 1956.
Viewed by V.S.
State of Idaho Public School Diploma gives name as Beatrice Rula Worlton graduated from the Elementary Schools of Dist # 1 in Madison County in the state of Idaho. Issued May 10, 1934.
Viewed by V.S.

Marriage Certificate issued to Stephen Elisha Grover and Beatrice Rule Worlton gives name of bride spelled correctily. Married January 24, 1941 in Salt Lake City, Utah.
Viewed by V.S

813-104-033-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

Registration District No. 100 File No. 85150

No. ..... St.

Primary Registration District No. 2178 Registered No. 35-3

Hospital .....

FULL NAME OF CHILD Bryce Denison Hacking

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	any (To be answered only in event of plural births)	—	yes	10 4 1920

FATHER	MOTHER
FULL NAME R. F. Hacking	FULL MAIDEN NAME Martha Wilcox
RESIDENCE Sunnydell Ida.	RESIDENCE Sunnydell Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Cedarpoast Utah.	BIRTHPLACE Kingston Utah
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G G Parkinson

Physician

(Physician or midwife)

Address .....

Filed Nov. 15 1920

G G Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1 1943

133-110-033-155

Form V. S. No. ~~11-G~~ 25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg #3

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85151

Primary Registration District No. 2178 Registered No. 354

FULL NAME OF CHILD DEAN BERNELL ALLGOOD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	Yes	10 (Month) 10 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Allgood	FULL MAIDEN NAME	Geneva Johnson
RESIDENCE	Rexburg Ida #3	RESIDENCE	Rexburg Ida #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Wilford Ida.	BIRTHPLACE	Rexburg Ida.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov. 15 1920 G. G. Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 85151
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Dean Bernell Allgood (Name on original certificate) who Born (Was born or died) on 10 Oct 1920 (Date of event)
in Rexburg Idaho Rt 3 (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Algood	Dean Bernell Allgood
Surname	Algood	Allgood

Subscribed and sworn to before me this 5th
day of December, 1940
Notary Public, residing at Rexburg Idaho
My commission expires Aug 15 1942
[SEAL]

Signed Lenna Allgood Neeley
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
Parent
36 west 1st South St
(Street Address, City, State) Rexburg Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

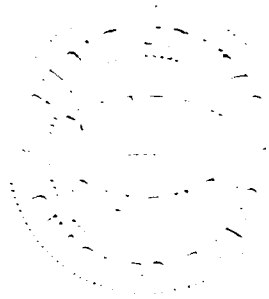
Subscribed and sworn to before me this 5th
day of December, 1940
Notary Public, residing at Rexburg Idaho
My commission expires Aug 15 1942
[SEAL]

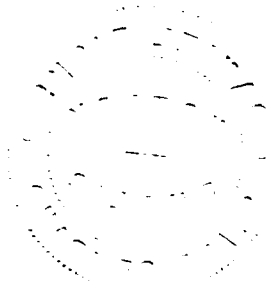
Signed X Isabell Jensen
(Signature of any credible person other than the previous affiant.)
Granddaughter
36 west 1st South St
(Street Address, City, State) Rexburg Idaho

Received for filing on By
(Registrar's signature)

DEC 1[illegible]

MAY 8 1967
JAN 27 1955





381-118-033-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. 100 File No. 85152

Primary Registration District No. 2178 Registered No. 355

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	yes	10 (Month) 18 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carslile Chaffin	FULL MAIDEN NAME	Erma Waldram
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Cedar City Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Nov. 15 1920

G. G. Eske
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-223-033-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sunnydell

No. ..... St.

Hospital .....

Registration District No. 100

File No. 85153

Primary Registration District No. 2178

Registered No. 326

FULL NAME OF CHILD Barbara Jane Buckland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	February (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Silas Kenneth Buckland	FULL MAIDEN NAME	Mary H Buckland
RESIDENCE	Sunnydell Ida	RESIDENCE	Sunnydell Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sunnydell Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 10 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Hiatt D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Filed Nov. 12 1920 G G Espe

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 23 8 16 AM '76

6 Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 85153

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Buckland (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 23, 1920 (Date of Event)
in Sunnydell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Barbara June Buckland

Subscribed and sworn to before me this 4 day of November, 19 76

Enoch H. Sakuma

Notary Public, residing at Rexburg, Id.

My commission expires 11-2-78

(Seal)

Signed Inez B. Anderson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 3 Rexburg Idaho 83440

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 19 76

Enoch H. Sakuma

Notary Public, residing at Rexburg, Id.

My commission expires 11-2-78

(Seal)

Signed S. Phil Anderson

(Signature of Any Credible Person)

Rt 3 Rexburg Idaho 83440

(Street Address, City, State)

FORM DH 60-155 CL 8/ CL 8-23-76

DEC 1 0 1975

Marriage record from Wyoming gives nzmes as John Louis Ritter and Barbara Jane Buckland dated July 4, ~~1941~~. viewed by V. S.

Insurance policy from Federal Ofe Ins. Co. of Chicago gives name as Barbara Buckland Ritter. age 22 yrs. Policy No. R215717. viewed by V. S.

1294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-108-033-355

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

~~City of~~ Hibbard

No. _____ St.

Hospital _____

Registration District No. 100 File No. 85154

Primary Registration District No. 2178 Registered No. 357

FULL NAME OF CHILD Lavere Frank Park

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov (Month) 8 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Louis Frank Park	FULL MAIDEN NAME	Myrtle Lee
RESIDENCE	Hibbard, Ida	RESIDENCE	Hibbard Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Idaho

..... 19 .....

Filed Nov. 20 1920 G. G. Espe

Registrar Registrar

S-Y-CO 38071

1944

1293

name added 9-24-69

PLACE OF BIRTH
753-229-033-513

County of Madison

City of Salem

No. _____ St.

Hospital _____

Form V. S. ~~No. 11-C.~~ 25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 85155

Primary Registration District No. 2178. Registered No. 358.

FULL NAME OF CHILD Faye Minerva Peck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 29 1920

FATHER		MOTHER	
FULL NAME	Clyde Frank Peck	FULL MAIDEN NAME	Mary Blanch Valentine
RESIDENCE	Salem Ida	RESIDENCE	Salem Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.25 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Kirkburg Idaho

Filed Nov 20 1920 G. G. Espe
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of ~~Fremont~~ Ada } ss.

Certificate No. 85155

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Peck (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on October 29, 1920 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Faye Minerva Peck

Subscribed and sworn to before me this 20th day of June, 1969.

Notary Public, residing at Boise
My commission expires 5-8-71
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 4 2 Boise Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 1969.

Notary Public, residing at Boise
My commission expires 5-8-71
(Seal)

Signed [signature] (Signature of Any Credible Person)

1731 Cleveland St. Boise (Street Address, City, State)

FORM DH 60-155 CL 1-21-69. nm

FEB 6 1970

Certified copy of own child's birth certificate from State of Utah for child born January 1, 1945. Copy issued Jan.19,1945. Gives mother's name as Faye Minerva Peck born in Rexburg, Idaho and age as 24 yrs. - viewed by VS

SEP 24 1969

Copy of LDS Church membership record gives name as Faye Minerva Peck born October 29, 1920 in Salem, Idaho to Clyde Franklin Peck and Blanche Valentine. blessed January 2, 1921. -- Viewed by VS.

1292

919-220-033-795

PLACE OF BIRTH

Form V. S. N 15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100 File No. 85156

Primary Registration District No. 2178 Registered No. 359

FULL NAME OF CHILD Ila Elenor Rainey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 20 1920

FATHER		MOTHER	
FULL NAME	Hyrum David Rainey	FULL MAIDEN NAME	Viola Frances Preston
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rexburg Ida

_____ 19__

Filed Nov. 20 1920 G G Espe

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/8/41. [illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

RECEIVED

APR 28 1941

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County MADISON (b) City REXBURG
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State ID AHO (b) County MADISON
(c) City REXBURG
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? [illegible] yrs.
(f) Mother's mailing address Rexburg

3. RESIDENCE of FATHER (city, state) Rexburg IDA

4. FULL NAME OF CHILD ILA ELENOR RAINEY

5. Date of Birth (Month, day, year) OCT 20 1920

6. Sex female

7. Twin or Triplet SINGLE

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy REGULAR Legitimate? YES

FATHER OF CHILD

10. FULL NAME HIRAM DAVID RAINEY
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace MENAN (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ~~RAINEY~~ VIOLA FRANCIS Preston
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace POCATELLO IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living YES (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of IDAHO
County of MINIDOKA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, VIOLA FRANCIS RAINEY, being first duly sworn, say that I am MOTHER (Related to (or) acquainted with) ILA ELENOR RAINEY (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Viola F Rainey Signature

RUPERT IDA P. O. Address

Subscribed and sworn to before me on this 28 day of April 19 41

(SEAL) H A Dayer Probate Judge Notary Public, residing at Rupert

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1291

793-214-033-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital Mrs A Heath

Registration District No. 100

File No. 85157

Primary Registration District No. 2178

Registered No. 360

FULL NAME OF CHILD RUTH PICKETT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 14 — 1920

FATHER		MOTHER	
FULL NAME	Fred Ray Pickett	FULL MAIDEN NAME	Louise Baker
RESIDENCE	Driggs, Idaho	RESIDENCE	Driggs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Rexburg Idaho

Filed Nov 20 1920 G G Espe

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 19

DEC 31 1942

1290.

919 - 214-033-652

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital Mrs A. Heath.

Registration District No. 100

File No. 85158

Primary Registration District No. 2178

Registered No. 361

FULL NAME OF CHILD EMMA DEAN RAINEY

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David William Rainey	FULL MAIDEN NAME	Vida Webster
RESIDENCE	Rexburg, Idaho.	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Dentist & Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:02 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Rexburg Idaho

Filed Nov 20 1920 G. Grope

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 85158

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Emma Dean Rainey (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 14, 1920 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Emma Dean Rainey

Subscribed and sworn to before me this 31st
day of March, 1942
Margaret A. Hebert
Notary Public, residing at Los Angeles, Calif.
My commission expires March 24, 1945
(SEAL)

Signed Mrs. D. W. Rainey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
3471 Eagle St., Los Angeles, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of March, 1942
Margaret A. Hebert
Notary Public, residing at Los Angeles, Calif.
My commission expires March 24, 1945
(SEAL)

Signed Marjorie M. Gordon
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
210½ Witmer Street
(STREET ADDRESS, CITY, STATE)
Los Angeles, Calif.

Received for filing on By
(REGISTRAR'S SIGNATURE)

962-217-033-268

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. 85159

Primary Registration District No. 278 Registered No. 362

Hospital .....

FULL NAME OF CHILD Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Sept 17 1920

FATHER		MOTHER	
FULL NAME	Will C. Roberts	FULL MAIDEN NAME	Florence Kohler
RESIDENCE	Sugar City Ida	RESIDENCE	Sugar City, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Fond du Lake, Wis
OCCUPATION	Farmer	OCCUPATION	Home mgr

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Jake Wood

(Physician or midwife)

Address Idaho Falls

Filed Nov 18 1920

G Keeffe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-116-033-365

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital City.

Registration District No. 100 File No. 85160

Primary Registration District No. 2178 Registered No. 340

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1920 (Year)
M.				yes	11	16	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edmond Bunning Jr.	Jennette Covey.
RESIDENCE	Lorenzo	Lorenzo
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	20. (Years)
BIRTHPLACE	Ucon, Idaho.	Georgetown, Ida.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive., at 11:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Cooper M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed NOV 20 1920

G G Cooper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1969

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85161

Primary Registration District No. 2178 Registered No. 364

FULL NAME OF CHILD Kazuo Sakota Kazuo Sakota

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	11 (Month) 6 (Day) 1920 (Year)

	FATHER		MOTHER
FULL NAME	Kisabura Sakota	FULL MAIDEN NAME	Kura Ukinaza
RESIDENCE	Sugar City	RESIDENCE	Sugar
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

2 Photostat copies 2/4/42

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 12 1920

G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

MAR 7 1945

JUN 2 0 1974

2/4/41 L. I.

212-106-037-629

PLACE OF BIRTH

AMENDED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

#364
-95161

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St. Registration District No. 100 State File No. .....

Hospital ..... Primary Registration District No. 2176 Local Registrar's No. 364

FULL NAME OF CHILD Kagno. Sakota

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male					11/6/192 0

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER

FULL NAME K. Sakota

RESIDENCE Sugar City

COLOR Japanese AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Japan

OCCUPATION

MOTHER

FULL MAIDEN NAME Kusa Okunaga

RESIDENCE Sugar City

COLOR Japanese AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE Japan

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) F. G. Esper

(Physician or ~~midwife~~)

Address Rupert

Filed Nov 1920

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K No date of filing

432-224-022-719

PLACE OF BIRTH amend 12-13-82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85163

Primary Registration District No. 2178 Registered No. 366

FULL NAME OF CHILD Klea Christeen McKinlay

Sex of Child F. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Cecil A. McKinley	FULL MAIDEN NAME	Mable Gardner
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:20 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov. 30 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-6-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

DEC 13 11 50 AM '82

Certificate No. 85163
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed McKinlay (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 24, 1920 (Date of Event)

in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Klea Christeen McKinlay
childs birth place	Rexburg (Madison)	Teton (Fremont)

Subscribed and sworn to before me this 9th day of December 1982

Notary Public, [illegible]
Residing at 1560 N. [illegible] Ave., Las Vegas, NV 89101
My commission expires October 7th, 1986

BARBARA LADUA
Notary Public - State of Nevada
COUNTY OF CLARK
My Appointment Expires: Oct. 7, 1986

X Klea C. Hurst
Signature of Applicant

867 No Lamb #19. Las Vegas Nevada 89110
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____

_____
Supporting Signature

_____
Street Address, City, State

(Seal)

lcc pd

Marriage Certificate of Neil J Hurst and Klea Christeen Calkins both of Montana were married in State of Nevada County of Clark on June 12, 1975. Viewed by V.S.

DEC 13 1982

Record of Baptism for Klea Christeen McKinlay born 11-24-20 in Teton City, Fremont County gives date of baptism in LDS Church as July 6, 1929. Viewed by V.S.

Record of Marriage on Family Record gives Klea Christeen McKinlay born 11-24-20 in Teton City, Fremont County was married to James Hyrum Jones on 3-1-40. Viewed by V.S.

154-225-033-144

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85164

Primary Registration District No. 2178 Registered No. 367

FULL NAME OF CHILD Zola Eldora Anderson

Sex of Child F. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joe E. Anderson.	FULL MAIDEN NAME	Lottie Judy
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32. (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec 1 1920 G G Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's Birth Cert. on file: (Idaho Birth) #290209 gives full maiden name of mother as Zola Eldora Anderson - viewed by V.S. L.D.S. Church Cert. of Baptism and Confirmation Feb. 29, 1948 gives full name as Zola Edith Carter, daughter of Albert D. Carter and Zola Eldora Anderson, born Feb. 7, 1940 at Pocatello, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of L.D.S. Church Marriage Sealing Record, June 2, 1939 at Salt Lake City, Utah gives full names as Albert D. Carter and Zola Eldora Anderson - viewed by V.S. Certificate No. 85164

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Anderson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 25, 1920 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Zola Eldora Anderson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of November, 1962

Evelyn Dwallet

Notary Public, residing at Salt Lake City Utah

My commission expires 6-6-64

(Seal)

Signed Mrs. Ethelda M. Leslie Crowley
(Signature of Any Credible Person)

677 Buchanan St
(Street Address, City, State)
Twin Falls, Idaho

FORM DH 60-155 CL 10-30-62. nm

NOV 6 1962

244-210-033-445

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85165

Primary Registration District No. 2178 Registered No. 368

FULL NAME OF CHILD Edith Smurin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	11 - 10 1920

FATHER		MOTHER	
FULL NAME	John L. Smurin	FULL MAIDEN NAME	Edith Duncan
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 20 1920 G G Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1962

168-116-033-231

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of ..... Registration District No. 100 File No. 85166

No. ..... St. Primary Registration District No. 2178 Registered No. 369

Hospital .....

FULL NAME OF CHILD Allen Carl Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	11 16 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl J. Johnson	Geraldine Blackburn
RESIDENCE		
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed Nov. 1, 20 1920 G. G. Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-225-033-392

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85167

Primary Registration District No. 2178 Registered No. 370.

FULL NAME OF CHILD Leola Virgin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	11 25 1920.

FATHER		MOTHER	
FULL NAME	Heber Harold Virgin.	FULL MAIDEN NAME	Gertha Irene Likes
RESIDENCE	Salem, Ida.	RESIDENCE	Salem
COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20. (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:45a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G G Espe
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Nov 30 1920 G G Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-121-033-294

PLACE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 85168

Primary Registration District No. 2178 Registered No. 374

Full Name of Child _____

SEX OF CHILD: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Nov. 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Miller	FULL MAIDEN NAME	Ada Kidd
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address _____

Filed Dec 1 1920 G. G. Espe Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-127-033-266

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 180 File No. 85169

Primary Registration District No. 2178 Registered No. 37

FULL NAME OF CHILD C. BEN SHIRLEY

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov 27 1920

FATHER	MOTHER
FULL NAME Clyde Ernest Shirley	FULL MAIDEN NAME Dasie Bowers
RESIDENCE Rexburg Idaho	RESIDENCE Rexburg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Heart Co. Georgia	BIRTHPLACE Franklin Co. Georgia
OCCUPATION Railway Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O. O. Martin

Physician

(Physician or midwife)

Address Rexburg Idaho

Filed Dec 1 1920 G. Glasgo Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 85169

County of Madison } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Nov 27, 1920 (BIRTH OR ~~DEATH~~)

for C. Ben Shirley (NAME ON ORIGINAL CERTIFICATE) who Nov 27, 1920 (WAS BORN OR ~~DIED~~) on Same (DATE OF EVENT)

in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov 16 - 1931 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	C. Ben Shirley

Subscribed and sworn to before me this 28th day of March, 1942

C. Winter

Notary Public, residing at Rexburg, Idaho

My commission expires Feb 6, 1946 (SEAL)

Signed Ossie Bowers Shirley (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

125 So - 1st West (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of March, 1942

C. Winter

Notary Public, residing at Rexburg, Idaho

My commission expires ~~March 28th~~ 1942 Feb 6, 1946 (SEAL)

Signed Mrs Fannie Bowers (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rexburg Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By ..... (REGISTRAR'S SIGNATURE)

MAY 2 1 1976

385-222-033-749

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Lugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 85170

Primary Registration District No. 2178 Registered No. 375

Full Name of Child Gwendolyn Cheney

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Nov. 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Austin J. Cheney	FULL MAIDEN NAME	Carrie Pnicock
RESIDENCE	Rigby R. R. # 3	RESIDENCE	Rigby R. R. # 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed Dec 1 1920 G. Hespe

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECD
MAY
BUREAU
STATISTICS

Rupert, Idaho. May 15, 1922

Department of Public Welfare,
Boise, Idaho.

8170

Gentlemen,

I do not know whether a birth certificate was ever filed for my oldest child. Dr. F. B. Evans, of Sugar city, was the attendant physician. She was born Nov. 22, 1920 at Sugar city, Madison county, State of Idaho. Sex of child female

father - Austin John Cheney.
Mother - Carrie A. Pincock Cheney
Childs name - Gwendolyn Cheney.

Please let me know if the

759 - 214 - 033 - 413 Amended child's entire name, mother's first name

PLACE OF BIRTH father's given names

Form V. S. No. 1 1-25m-1-21-19

STATE OF IDAHO 09-25-02, RDI

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

Registration District No. 1-1

File No. 85171

No. ..... St.

Primary Registration District No. 2-17

Registered No. 376

Hospital .....

FULL NAME OF CHILD Phyllis Lorraine Pincock

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 14 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Sanford D. Pincock

RESIDENCE Sugar

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Luamelia Dalling

RESIDENCE Sugar

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. B. Evans

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 1 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-13-0 paid

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 1920-85171
Date Filed Dec 1, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for **unnamed** Pincock (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 14, 1920 (Date of Event)

in Sugar City Idaho (Madison County) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's entire name	**unnamed**	Phyllis ~~Loraine~~ Lorraine Pincock
mother's first name	Luamalia	~~Louamelia~~ Luamelia
father's given names	G. Lanford	George Sanford

Subscribed and sworn to before me this 19 day of September, 2002.

Notary Public, x Mandy Wall
Residing at Tooele County, UT
My commission expires 12-28-06
(Seal)

x Phyllis L. Harward
Signature of Applicant
x 434 Great Ridge Rd
Street Address, City, State
Stansbury Park, Utah 84074

NOTARY PUBLIC
MANDY WALL
562 N. Main
Tooele, Utah 84074
My Commission Expires Dec. 28, 2006
State of Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.
County of _____ }

(Must be completed ____)
(Is not necessary XX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

husbands death certificate (#1993-789), dated February 13, 1993, states spouse name as Phyllis Lorraine Pincock.

Own child's birth certificate (!943-378445), dated August 21, 1943, states mother's entire name as Phyllis Lorraine Pincock.

Drivers License, isseud August 7, 1980, states full given names as Phyllis Lorraine.

Siblings birth certificate (#1918-65036), dated February 6, 1918, states mother's first name as Luamelia and father's middle name as Sanford.

Mother's death certificate (#1973-5375), dated November 22, 1973, states first name as Luamelia.

Father's death certificate (1974-3199), dated July 1, 1974, states full name as George Sanford Pincock.

356-217-033-593

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 85172

Primary Registration District No. 2178 Registered No. 377

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Edward Lewis	FULL MAIDEN NAME	May Vickery
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Dec 1 1920 G. G. Espe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-119-033-283

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem Registration District No. ____ File No. 85173

No. ____ St.

Primary Registration District No. ____ Registered No. 878

Hospital ____

FULL NAME OF CHILD ELMER SPENCER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 19 1920

	FATHER	MOTHER
FULL NAME	Orson Spencer	FULL MAIDEN NAME Anna Taylor
RESIDENCE	Salem	Salem
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) H. B. Evans

Physician

(Physician or midwife)

Address ____

Filed Dec 1 19 20 G. G. Thorpe
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 85173
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Elmer Spencer (Name on original certificate) who was born (Was born or died) on Nov. 19, 1920 (Date of event)
in Salem, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (Bible record, insurance policy, etc.) prepared on Nov. 19, 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Spencer	Elmer Spencer

Subscribed and sworn to before me this 9
day of Dec, 1941
C. W. Stowell
Notary Public, residing at Rexburg Ida
My commission expires Sept 5-1942
[SEAL]

Signed Orson Spencer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rexburg Ida RFD #3
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

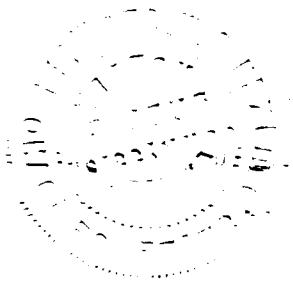
Subscribed and sworn to before me this 9
day of December, 194
C. W. Stowell
Notary Public, residing at Rexburg
My commission expires Sept 5-1942
[SEAL]

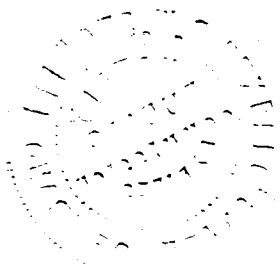
Signed Henry Dietrich
(Signature of any credible person other than the previous affiant.)
Rexburg, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 1941

AUG 10 1951





315-203-034-415

PLACE OF BIRTH

[redacted] BUREAU OF

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No. 85174

No. ..... St.

Primary Registration District No. 2015 Registered No. 225

Hospital

FULL NAME OF CHILD ~~[illegible]~~ EMMA ELIZABETH Cantrell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	July 8 1920

FATHER		MOTHER	
FULL NAME	Fred D Cantrell	FULL MAIDEN NAME	Axie B Daniel
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

(Signature) C P Groom M. D.

(Physician or Midwife)

Address Rupert

Filed Nov. 20 1920 E M Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

tate of Idaho)
)ss
ounty of Twin Falls)

Certificate No. 85174

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate

f (birth or death) for (Name on original certificate) who Born (was born or died)

n Sept. 3 1920 (Date of event) in Declo Idaho (Place of event) are erroneous or were ommitted;

nd that, to the best of his knowledge, the true facts of the case as shown

y (Bible record, insurance plcy.etc.) prepared on (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	Helen Marie Cantrell	Emma Elizabeth Cantrell

Subscribed and sworn to before me this 22 day of Sept, 19 71

Signed F.D. Cantrell father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Burley Idaho

Rt #1 Burley Idaho
(Street address, City, State)

My commission expires 6-19-1973

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of.....)
)ss
County of.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of.....19..

Signed.....
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at.....

(Street address, City, State)

My commission expires.....
(SEAL)

215-103-034-355

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85175

No. ..... St.

Primary Registration District No. 2015 Registered No. 22

Hospital .....

FULL NAME OF CHILD Dean Howard Sandin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 - 3 - 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Hiram Sandin	FULL MAIDEN NAME	Louise Denny
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Arizona.
OCCUPATION	School Teacher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom.

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed Nov. 20 1920 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-103-034-256 Child's name ammended 10-30-86 JLH

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85176

No. ..... St.

Primary Registration District No. 2015 Registered No. 227

Hospital .....

FULL NAME OF CHILD ~~James Garner~~ Carl Beazer Garner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	10 - 3 1920

FATHER		MOTHER	
FULL NAME	Ray Garner	FULL MAIDEN NAME	Clara Beazer
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C. P. Broom M.D.

(Physician or Midwife)

Address Rupert

Filed Nov. 20 1920 E. A. Edmunds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Minidoka } ss.

Certificate No. 85176

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Garner (Name on Original Certificate) who was born (Was Born or Died) on Oct 3, 1920 (Date of Event)
in Rupert, Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	James Garner	Carl Beazer Garner

Subscribed and sworn to before me this 9th day of January, 1979.

Notary Public, residing at Rupert Idaho

My commission expires 3 June 1979

(Seal)

Signed E. Ray Garner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

802 J, St Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 8/14/78 Rack

OCT 31 1986

Certificate of blessing from LDS church gives child's name as Carl Beazer Garner son of Elmer Ray Garner and Clara Beazer born October 3, 1920 at Rupert, Idaho. Blessed Nov. 7, 1920 by Seymour Fackrell. Viewed by V.S.

Child's birth certificate born 7-13-43 at Rupert, Idaho St. File number 378463 Father's name given as Carl Beazer Garner Viewed by V. S.

259-226-034-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85177

No. ..... St.

Primary Registration District No. 2015 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bernice Knight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) - 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Martin J. Knight	FULL MAIDEN NAME	Francis White
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Registrar

Filed Nov. 20 1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1947

SEP 25 1941

343-20/-034-393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED November 19, 1946

County of Minidoka
City of Rupert
No. ..... St.
Hospital .....

Registration District No. 19 File No. 85178
Primary Registration District No. 2015 Registered No. 229

FULL NAME OF CHILD Mae Elaine Turner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	October 1 (Month) (Day) 1920 (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James L. Turner	FULL MAIDEN NAME	Mary Tilt
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) C. P. Groom
M. D.
(Physician or midwife)

Address Rupert

Filed Nov. 20 1920 E. H. Elmore Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah)
County of Salt Lake) ss.

Certificate No. 85178

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Elizabeth Turner (Name on Original Certificate) who was born (Was Born or Died) on October 1, 1920 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by christening record, (Bible Record, Insurance Policy, Etc.) Book 3,#774, L.D.S. Church First Ward Records, Rupert, Idaho prepared on May 19, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Elizabeth Turner	Mae Elaine Turner
Father's name	Jos. Turner	James L. Turner

Subscribed and sworn to before me this 12 day of November, 1946

Notary Public, residing at Salt Lake City, Utah

My commission expires

(Seal)

Signed James L Turner
(Signature of parent or attendant if correcting a birth record of attendant, funeral director, informant if correcting a death record; or other credible person.)

446 East 7th So., Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah)
County of Salt Lake) ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1946

Notary Public, residing at Salt Lake City, Utah

My commission expires Jan 21 1949.

(Seal)

Signed Edward A. Tilt
(Signature of Any Credible Person)

123 E. 2nd S. S.L.City
(Street Address, City, State)

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 85178

Primary Registration District No. 2015 Registered No. [illegible]

FULL NAME OF CHILD Mary Elizabeth Turner

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) — 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph L. Turner	FULL MAIDEN NAME	Mary Tilt
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Nov. 20 1920 E. W. Elmore
Registrar

793-104-034-719

Form [redacted] No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85179

No. ..... St.

Primary Registration District No. 2015 Registered No. 230

Hospital .....

FULL NAME OF CHILD ~~xxxxxxxx~~ Lloyd Harding Gillespie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) - 6 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Lemanla A. Gillespie	FULL MAIDEN NAME	Ethel Gaither
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Nov. 20 1920 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of MINIDOKA }

Certificate No. 85179

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for LLOYD HARDING GILLESPIE (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on OCT 6th 1920 (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by FAMILY RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on OCT 10th 1920 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Joseph Harding Gillespie	Lloyd Harding Gillespie
LLOYD HARDING GILLESPIE		

Subscribed and sworn to before me this 29th day of APRIL 1942, 19 .....

PROBATE JUDGE
Notary Public, residing at RUPERT IDAHO

My commission expires .....
(SEAL)

Signed Ethel G. Muskie
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 30 1942 By .....
(REGISTRAR'S SIGNATURE)

795-210-034-853

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85180

No. ..... St.

Primary Registration District No. 2015 Registered No. 231

Hospital .....

FULL NAME OF CHILD Bertha Prescott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) - 10 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter G. Prescott	FULL MAIDEN NAME	Orta Hellewell
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed Nov 20 1920 Ett Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1963

Affidavit picked-up by mother to correct the birthplace of child from Rupert, Idaho to Jackson, Idaho. File #85180.

Two documents due for correction.

June 13, 1963

613-120-034-551

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85181

No. ..... St.

Primary Registration District No. 2015 Registered No. 232

Hospital

FULL NAME OF CHILD Lyle Austin Watts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) - 20 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Louis Austin Watts	FULL MAIDEN NAME	Iva Bell Evans
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. P. Groom, M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Nov. 20 1920 Ett Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/4/41 rmf

844-226-034-353

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85182

No. ..... St.

Primary Registration District No. 2015 Registered No. 9

Hospital .....

FULL NAME OF CHILD Genevieve Humphries

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	10- 26 1920.

FATHER		MOTHER	
FULL NAME	James E. Humphries	FULL MAIDEN NAME	Genevieve Little
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20. (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Carolina	BIRTHPLACE	Utah
OCCUPATION	Laborer.	OCCUPATION	housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Swoon M. D.
(Physician or midwife)

Address Rupert.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 20 1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1945

289-213-034-289

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85183

No. ..... St.

Primary Registration District No. 2015 Registered No. 2...

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? No | Date of Birth 11 - 18 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Not Known	FULL MAIDEN NAME Ethel Byington
RESIDENCE	RESIDENCE Rupert
COLOR	COLOR White
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	BIRTHPLACE Idaho
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom M. D.
(Physician or midwife)

Address Rupert Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov. 20 1920 E. A. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-119-034-294

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 85184

Primary Registration District No. 2015 Registered No. 235

FULL NAME OF CHILD Orrin Merl Owens

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 11 (Month) - 19 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Hans R. Owens	FULL MAIDEN NAME Lucy Rida
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 n - M. on the date above stated.

(Signature) C. P. Broom M. D.

(Physician or midwife)

Address Rupert Idaho.

Filed Nov. 20 1920 E. O. Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

862-215-034-793

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 85185

Primary Registration District No. 2015 Registered No. .....

FULL NAME OF CHILD Norma Hobbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 - 19 - 1920

FATHER		MOTHER	
FULL NAME	George W. Hobbs	FULL MAIDEN NAME	Etta Gilbert
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Brown

M. D.
(Physician or midwife)

Address Rupert, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 25 1920 Ed A Elmore
Registrar

789-103-034-962

PLACE OF BIRTH amend 12-7-82

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85186

No. ..... St.

Primary Registration District No. 2015 Registered No. 237

Hospital .....

FULL NAME OF CHILD William R Phibbs

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10 (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	C D Phibbs	FULL MAIDEN NAME	Fannie Ross
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Va
OCCUPATION	Probate Judge	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed Nov 20 1920 E H Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-24-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
DEC 6 1982
VITAL STATISTICS

State of CALIFORNIA
County of BUTTE } ss.

DEC 6 4 41 PM '82

Certificate No. 85186
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Phibbs (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 4, 1920 (Date of Event)
in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Phibbs	William R. Phibbs
date of birth	Oct 4, 1920	Oct 3, 1920

Subscribed and sworn to before me this 30TH day of
NOVEMBER, 1982
Notary Public, Robert E. Baker
Residing at 778 EAST AVE., CHICO, CAL.
My commission expires JAN 25, 1985
(Seal)

X William Robert Phibbs
Signature of Applicant
P.O. BOX 741 COTTONWOOD CALIF 96022
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA
County of BUTTE } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

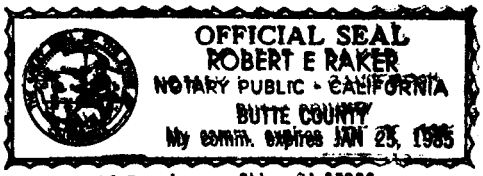
Subscribed and sworn to before me this 30TH day of
NOVEMBER, 1982
Notary Public, Robert E. Baker
Residing at 778 EAST AVE. CHICO CAL.
My commission expires JAN 25, 1985
(Seal) Over

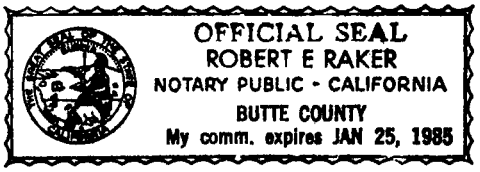
S Bibbs ?
X Florence C. Phibbs
Supporting Signature
922 JACKSON ST., GRIDLEY, CAL. 95948
Street Address, City, State

Incorrect OLDest Sister

Application for Hospital Treatment or Domiciliary Care from V.A. gives William R Phibbs born 10-3-20 in Rupert. Document dated 1-17-48. Viewed by V.S. DEC 7 1982

Honorable Discharge gives William R Phibbs born 10-3-20 in Rupert, Idaho as being discharged 1-7-42. Viewed by V.S.





652-127-034-214

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 9 File No. 85187

No. ..... St.

Primary Registration District No. 2015 Registered No. 238

Hospital .....

FULL NAME OF CHILD William Leslie Westerfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		U	Oct 27 1920

FATHER		MOTHER	
FULL NAME	William Walter Westerfield	FULL MAIDEN NAME	Bessie Margaret Sautter
RESIDENCE	Fall City Wash	RESIDENCE	Fall City Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Germany	BIRTHPLACE	Colorado
OCCUPATION	Section Foreman R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.50 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Filed Nov 20 1920 E H Elmore Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 5 1970

236-202-034-352

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minnedoka

City of Heyburn

Registration District No. 19

File No. 85188

No. ..... St.

Primary Registration District No. 2015

Registered No. 239

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Blendena Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 2, 1950 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Scott	FULL MAIDEN NAME	Grace Seboro
RESIDENCE	Heyburn Idaho	RESIDENCE	Heyburn Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Hwf.

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M.D.

F. H. Cutler (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley Ida

Filed 11-10-20 19.....

E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

XX

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of Maricopa

Certificate No. 85188
Date Filed Nov 10, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Baby Scott (Name on original certificate) who was born (Was born or died) on Oct 2, 1920 (Date of event)

in Heyburn (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	unnamed	Scott
Blendena Harder		

Subscribed and sworn to before me this 22 day of June, 1942.

[signature]

Notary Public, residing at Mesa, Arizona

My commission expires June 28, 1942.

[SEAL]

Signed Anna Jane Harder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D.1 Box 252 Mesa, Ariz.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Maricopa

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of June, 1942

[signature]

Notary Public, residing at Mesa, Arizona

My commission expires June 28, 1942.

[SEAL]

Signed Mary C Turr
(Signature of any credible person other than the previous affiant.)

165 W. 2nd Ave. Mesa, Arizona
(Street Address, City, State)

By
(Registrar's signature)

JUL 14 1942

299-207-034-515

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 85189

Primary Registration District No. 2015 Registered No. 240

FULL NAME OF CHILD Kirk

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct (Month) 7th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Elijah Palmer Kirk	FULL MAIDEN NAME	Maggie Edna Vanpelt
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Supervisor of School + Grounds	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:05 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Idaho

Filed Nov 20 1920 E. H. Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1974

418-211-034-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 85190

Primary Registration District No. 2015 Registered No. 241

FULL NAME OF CHILD Nellie Esther May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Paul May	FULL MAIDEN NAME	Gracia Emma Mannen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida.

Filed Nov. 20 1920 E. T. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

693-230-034-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85191

No. ..... St.

Primary Registration District No. 2015 Registered No. 242

Hospital .....

FULL NAME OF CHILD Hilda Durece Witherspoon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm Jesse Witherspoon	FULL MAIDEN NAME	Sarah D. Carpenter
RESIDENCE	R. F. D. Rupert Ida.	RESIDENCE	R. F. D. Rupert Ida.
COLOR	White. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Arkansas.	BIRTHPLACE	Arkansas.
OCCUPATION	Farm	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho.

Filed Nov 20 1920 E. H. Elmore Registrar

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1952

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 1 12 45 PM '76

State of ..... } ss.
County of ..... }

Certificate No. 85191

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Hilda Durece Witherspoon (Name on Original Certificate) who was born (Was Born or Died) on Oct 30, 1920 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	omitted	Sarah D. Carpenter

Subscribed and sworn to before me this 1 day of March, 19 76

Ralph T. Lee

Notary Public, residing at Payette

My commission expires 10-6-76

(Seal)

Signed Glenn E. Elliott

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#1, Box 328, Payette, Idaho 83661

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 2/26/76 lcc pd.

Sister's birth certificate gives mother's name as Della Carpenter. Viewed by V. S.

MAR 1 5 1976

Death certif of mother gives name as Carpenter. Certif no 60-2539. viewed by V. S.

219-230-034-569

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

Registration District No. 117 File No. 85192

No. ..... St.

Primary Registration District No. 2 Registered No. 243

Hospital .....

FULL NAME OF CHILD BARBARA BLISS ~~XXXXXXXX~~ Barker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Oct 30 1920

FATHER		MOTHER	
FULL NAME	F. E. Barker	FULL MAIDEN NAME	Gertrude Norton
RESIDENCE	Heyburn, Ida	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hswf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley, Ida.

Registrar

Filed Nov 20 1920 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 85192

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Barbara Bliss Barker (Name on Original Certificate) who Was Born (Was Born or Died) on October 30, 1920 (Date of Event) in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on September 26, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Barbara Bliss Barker

Subscribed and sworn to before me this 22 day of May, 1942

Nella Lewis

Notary Public, residing at Pocatello Idaho

My commission expires April 27 1943

(Seal)

Signed Mrs. F. E. Barker

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

247 Washington Pocatello Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of May, 1942

Nella Lewis

Notary Public, residing at Pocatello Ida.

My commission expires April 27, 1943

(Seal)

Signed Mrs. J. W. Futrell

(Signature of Any Credible Person Other Than Previous Year)

247 Washington Ave. Pocatello, Idaho

(Street Address, City, State)

MAY 23 1942

845-115-034-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

Registration District No. 117

File No. 85193

No. _____ St.

Primary Registration District No. 2196

Registered No. 244

Hospital _____

FULL NAME OF CHILD Boby Hunt, Ladd Franklin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank Hunt	FULL MAIDEN NAME	Maud Ora Smith
RESIDENCE	Heyburn Ida	RESIDENCE	Heyburn Ida
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Hswf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Burley, Ida.

Filed Nov 28 1920 Ed Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 1-9-1941. D.P.

693-231-034-643

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn Registration District No. 117 File No. 85194

No. ..... St.

Primary Registration District No. 2196 Registered No. 245

Hospital .....

FULL NAME OF CHILD Dora Williams

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin (and)	one	Yes	Oct 31 1920

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Wilford H Williams	FULL MAIDEN NAME Mary Ardell Fullmer
RESIDENCE Heyburn	RESIDENCE same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 a, M. on the date above stated.

(Born Alive or stillborn)

(Signature) G H Church MD

(Physician or midwife)

Address Burley Idaho

Filed Nov 20 1920 Ed E Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693 - 231-034-643

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

Registration District No. 117 File No. 85195

No. ..... St.

Primary Registration District No. 2196 Registered No. 246

Hospital .....

FULL NAME OF CHILD Doris Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	Twin		Two	Yes	Oct. 31 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford H Williams	FULL MAIDEN NAME	Mary Ardell Fullmer
RESIDENCE	Heyburn	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hsaff

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Surley Idaho

Registrar

Filed Nov 20 1920 E A Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1948

318-211-034-962

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

Registration District No. 19

File No. 85196

No. Sugar Factory St.

Primary Registration District No. 2015

Registered No. 247

Hospital

FULL NAME OF CHILD Baby Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀	1		1	Yes	Sept. 11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hal W. Taylor	Lucy Roberts
RESIDENCE	Paul Ida.	Paul
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Idaho	Wyoming
OCCUPATION	Mgr. Sugar Factory	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7P M. on the date above stated.

(Signature) G H Smith MD

(Physician or midwife)

Address Burley Idaho

Filed Nov. 22 1920

E H Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

797-811-034-577

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. R.F.D. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 85197

Primary Registration District No. 2015 Registered No. 248

FULL NAME OF CHILD [redacted] Pipkin (Grady Lonnie Pipkin)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	/		/	Yes	October 11 1920

FATHER

FULL NAME John N Pipkin

RESIDENCE Hazelton R.F.D.

COLOR W. AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Texas

OCCUPATION Farm

MOTHER

FULL MAIDEN NAME Mattie L. Eggman

RESIDENCE same

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Texas

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Smith M.D.
(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

19

Registrar

Filed Nov. 20 1920 Est Elmore
Registrar

JAN 4 1948

366-130-016-295

[redacted] S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of R.F.D. Rupert

Registration District No. 19 File No. 85198

No. ..... St.

Primary Registration District No. 2015 Registered No. 249

Hospital .....

FULL NAME OF CHILD J. Wayne Cowgill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 30th (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME Clifford C. Cowgill	FULL MAIDEN NAME Della E. Brewerton
RESIDENCE R.F.D. Rupert Idaho	RESIDENCE R.F.D. Rupert Idaho
COLOR White AGE AT LAST BIRTHDAY 20 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 12.05 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert, Idaho

Filed Nov 20 20 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/26/41 L. B.

YEAR: 1920

FILE # 85199

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 1920-85199 A & B NOT TWINS

313-214-034-419

PLACE OF BIRTH

Form [redacted]-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85199 A

No. ..... St.

Primary Registration District No. 2015 Registered No. 25

Hospital .....

FULL NAME OF CHILD Dorothy Valae Catmull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	10 (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Reed Catmull	FULL MAIDEN NAME	Emma Martindale
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenney

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Nov 20 1920 E H Ehrnoe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1964

845 - 101-034-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul

No. R F D. St.

Hospital

Registration District No. 19

Primary Registration District No. 2015

File No. 85199 B

Registered No. [illegible]

FULL NAME OF CHILD Baby Hunter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	Aug 1st 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. Lowell Hunter	FULL MAIDEN NAME	Emily Jane Cozzens
RESIDENCE	Rupert Idaho R.F.D. west of Paul	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hswfe

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G R Smith MD

(Physician or midwife)

Given names added from a supplemental report.

Address Burley Idaho

19

Registrar

Filed Nov 20 1920 Ett Elmore

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1961

433-113-034-655

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85200

No. ..... St.

Primary Registration District No. 2015 Registered No. 252

Hospital .....

FULL NAME OF CHILD Allen Weed McLaughlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	10 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Allen McLaughlin	FULL MAIDEN NAME	Blanch Weed
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert

Filed Nov 20 1920 E H Elmore Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 31, 1940. E.W.

21-43-105-034-984

Form V. S. No. 11-C--25m-7-21-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Acequia

No. ..... St.

Hospital .....

Registration District No. 1

File No. 85201

Primary Registration District No. 2015

Registered No. .....

FULL NAME OF CHILD John Lowe Butler, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Lowe Butler	FULL MAIDEN NAME	Bertha M. Thurber
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Filed Dec 1 1920

Registrar

Ed Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Ko

STATE OF IDA

ACE OF BIRTH

NOV 21 1958

10

(Year)

(Years)

M.

3-111-035-255

PLACE OF BIRTH

name added 12-4-85 dl

Form V. S. No. 11—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100

File No. 85202

Primary Registration District No. 2178

Registered No. 373

Full Name of Child Ford Benson Nelson

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH November 11 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert J. Nelson	FULL MAIDEN NAME	Devine Benson
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address _____

Filed Dec 1 1920 G. Teske

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-27-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 4 10 23 AM '85

State of Idaho
County of Fremont } ss.

Certificate No. 85202
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Nelson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 11, 1920 (Date of Event)

in Sugar (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ford Benson Nelson

Subscribed and sworn to before me this 30th day of November, 1985

Notary Public, [signature]
Residing at Sugar City, Idaho
My commission expires Life
(Seal)

x Ford Benson Nelson
Signature of Applicant

x 117 W 1st South, Teton, Idaho 83451
13-mn F.B.N.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of November, 1985

Notary Public, [signature]
Residing at Sugar City, Idaho 83448
My commission expires Life
(Seal)

Mark Nelson
Supporting Signature

124 W 1st North, Teton, Idaho 83451
Street Address, City, State

1 cc pd

Certificate of Baptism from LDS church gives Ford Benson Nelson born Nov 11, 1920 in Sugar to Albert J Nelson and Devine Benson and was baptised July 5, 1930. Viewed by V.S.

Honorable Discharge from U.S. Army lists Ford B Nelson was discharged Nov 10, 1945. Viewed by V.S.

DEC 4 1985

419-101
034-289

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Acequia

Registration District No. 19 File No. 85203

No. ..... St.

Primary Registration District No. 2015 Registered No. 254

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Dec (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Scott V. Darling	FULL MAIDEN NAME	Viola E. Lyngton
RESIDENCE	Minidoka	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28. (Years)	AGE AT LAST BIRTHDAY	24. (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho.
OCCUPATION	R R Pumper.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 15 A. M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Ida

Filed Dec. 1 1920 E. H. Elmore Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF BIRTH

712 - 213-034-1319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85204

No. ..... St.

Primary Registration District No. 22.5 Registered No. 2.1

Hospital .....

FULL NAME OF CHILD Lea Gabardi

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 13 1920

FATHER	MOTHER
FULL NAME: Richard Ricardo Gabardi	FULL MAIDEN NAME: Linda Caratta
RESIDENCE: Rupert R.G.D.	RESIDENCE: Rupert R.G.D.
COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Austria	BIRTHPLACE: Colorado
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8.45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Leland Frazier M.D.
(Physician or midwife)

Address Rupert Idaho

Filed Dec. 1 1920 E. V. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 19 1976

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266 - 214 - 034 - 235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 11 File No. 85205

No. ..... St.

Primary Registration District No. 2015 Registered No. 256

Hospital .....

FULL NAME OF CHILD ZINA MAE BOWEN

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov 14 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Bowen	Sarah Stewart
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Clerk - Clothing Store	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leona Tarzin M.D.

Rupert, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec. 1 1920

Registrar

415-223-034-643

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85206

No. ..... St.

Primary Registration District No. [illegible] Registered No. 257

Hospital .....

FULL NAME OF CHILD Lela Mary Mannen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Ovid Mannen	FULL MAIDEN NAME	Amanda Mary Wuthrich
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Filed Dec. 2 1920 E H Elmore Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

789-110-034-291

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No. 85207

No. ..... St.

Primary Registration District No. 2015 Registered No. 258

Hospital .....

FULL NAME OF CHILD John Leland Phibbs.

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Nov. 10 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME John R. Phibbs	FULL MAIDEN NAME Bertie F. Branscome
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	AGE AT LAST BIRTHDAY 31. (Years)
COLOR White	AGE AT LAST BIRTHDAY 26. (Years)
BIRTHPLACE Virginia	BIRTHPLACE Virginia
OCCUPATION G. R. Hostler.	OCCUPATION Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Edward Frazer

Physician

(Physician or midwife)

Address Rupert Idaho

Filed Dec. 1 1920 E. B. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 0 1943

JAN 1 5 1976

Central File Copy Issued Feb. 19, 1941. Burn.

418-105-034-418

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 85208

Primary Registration District No. 2015 Registered No. .....

FULL NAME OF CHILD FARISS ELMER MAY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Nov. 5 1920

FATHER		MOTHER	
FULL NAME	Lloyd Franklin May	FULL MAIDEN NAME	Tressie Adeline Mayes
RESIDENCE	Rupert.	RESIDENCE	Rupert.
COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Arkansas.
OCCUPATION	Teamster.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho.

Filed Dec. 1 1920 Ett Elmore Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 2 1942
County of Minidoka }

Certificate No. 85208
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed May (Name on original certificate) who born (Was born or died) on Nov. 5, 1920 (Date of event)
in Rupert, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my own memory (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed May	Fariss Elmer May
	Fariss Elmer May	

Subscribed and sworn to before me this 30th
day of December, 19 41

C. O. De Mary
Notary Public, residing at Rupert, Idaho
My commission expires July 6, 1943.
[SEAL]

Signed Fannie Celeste May (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on JAN 2 1942 By
(Registrar's signature)

964-113-034-319

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 85209

Primary Registration District No. 2015 Registered No. 260

FULL NAME OF CHILD .....

Sex of Child male | Twin Triplet or other? 1 and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph M. Roundy	FULL MAIDEN NAME	Ruby S Carbridge
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Kenagy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert

Filed Dec 3 1920

E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

231-130-034-242

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85210

No. ..... St.

Primary Registration District No. 2015 Registered No. 261

Hospital .....

FULL NAME OF CHILD Jasper Rex Stanley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1			yes	11-30 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Stanley	FULL MAIDEN NAME	Victoria Tuborn
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 4:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Kenagy M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Filed Dec. 3 1920 E. H. Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 85210

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Baby (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jasper Rex Stanley

Subscribed and sworn to before me this 9th day of May, 1942

Notary Public, residing at Rupert

My commission expires Dec 14 1942
(Seal)

Signed Henry Stanley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 18 19[redacted]

SEP 23 1975

395-124-034-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 85211

No. ..... St.

Primary Registration District No. 2015 Registered No. 262

Hospital .....

FULL NAME OF CHILD Fay R. Livingston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1	yes	4 24 1921

	FATHER	MOTHER
FULL NAME	Claude Livingston	FULL MAIDEN NAME Sarah Robertson
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	34 (Years)
BIRTHPLACE	Salt Lake	Fountain Green Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:55A M. on the date above stated.

(Signature) F. N. Strong M.D.

(Physician or midwife)

Address Rupert Idaho

Filed Dec 13 1920 E. O. Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED MAR 31 1965 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85211

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Livingston (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1920 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Fay R. Livingston

Subscribed and sworn to before me this 30 day of March, 1965

Notary Public, residing at Pendleton, Oregon

My commission expires May 4, 1968

(Seal)

X Signed Mable Hruza
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2 Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 6-26-64. nm

Northwestern Mutual Life Ins. Co. policy gives name as Fay R. Livingston born Nov. 24, 1920 at Rupert, Idaho. Policy issued June 11, 1956. E. Fitzgerald, Pres. Viewed by V. S.

APR 5 1965

Certificate of Baptism and Confirmation gives name as Fay R. Livingston born Nov. 24, 1920 at Rupert, Idaho. Son of Claud Livingston and Sarah Robertson. Baptized Nov. 1, 1952. Harry M. Kirschi, Bishop.

Viewed by V. S.

133-126-034-434

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No. 85212

No. ..... St.

Primary Registration District No. 2013 Registered No. 263

Hospital .....

FULL NAME OF CHILD John Douglas Allen

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Nov. 26 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Oscar Franklin Allen

RESIDENCE Rupert

COLOR white AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Iowa

OCCUPATION Real Estate

MOTHER

FULL MAIDEN NAME Nora Ellen McDowell

RESIDENCE Rupert

COLOR white AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. O. Elmore M.D.

(Physician or midwife)

Address Rupert, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 20 1920 E. O. Elmore Registrar

458-117-035-85

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92

Primary Registration District No. 2170

File No. 85213

Registered No. 36

Full Name of Child RICHARD GEORGE WILLIAM ~~[illegible]~~ Dehning

SEX OF CHILD: male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 11 (Month) 19 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry Dehning	FULL MAIDEN NAME	Meta Stellies
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Alvord Gore, M.D.

Reubens, Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-29 1920 E. E. Watts

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 85213

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Dehning (Name on Original Certificate) who was born (Was Born or Died) on Nov. 17, 1920 (Date of Event) in Gifford Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Dehning	Richard George William Dehning

Subscribed and sworn to before me this 25th day of March 1942

Frances A Grauer
Notary Public, residing at Seattle

My commission expires Dec 25, 1944
(Seal)

Signed Ralph W Hanks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 484 Seattle Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of March 1942

Frances A Grauer
Notary Public, residing at Seattle

My commission expires Dec 25, 1944
(Seal)

Signed Mrs. Hedwig Hanks
(Signature of Any Credible Person Other Than Previous Year) sister

R. F. D. Box 484 Seattle, Wash.
(Street Address, City, State)

NOV 2 7 1974

813-112-035-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rubens

No. _____ St.

Hospital _____

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 85214

Primary Registration District No. 2170 Registered No. 35

Full Name of Child Baby Haley

SEX OF CHILD: Male	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	DATE OF BIRTH: 11 (Month) 12 (Day) 1920 (Year)	

FATHER		MOTHER	
FULL NAME	Ira A. Haley	FULL MAIDEN NAME	Willie Bonnaire
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Washington	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Idaho
		OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Mildred Gore, M.D.

Kingston, Kootenai Co.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____ Address _____

_____ Filed 11-29 1920 E E Watts

279-109-035-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. _____ St.

Hospital _____

Registration District No. 92 File No. 85215

Primary Registration District No. 2170 Registered No. 34

Full Name of Child Baby Sprague, Leo Alvord

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			yes	11 7 1920

FATHER		MOTHER	
FULL NAME	Chester C. Sprague	FULL MAIDEN NAME	Gertrude B. Chambers
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Alvord Fore, M. D.

Reubens, Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-29 1920 E. E. Watts

236-122-035-414

Form V. S. No. 11-O—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 85216

Primary Registration District No. 2170 Registered No. 37

FULL NAME OF CHILD Emil Walter Stolte

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	11 (Month) 22 (Day) 1920 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	August Stolte	FULL MAIDEN NAME	Katie Dammann
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	hwfe

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 (X) M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-22 1920 E. E. Watts

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1956

465-102
035-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital White's

Registration District No. 96 File No. 85217

Primary Registration District No. 1009 Registered No. 574

FULL NAME OF CHILD Frank J. MacDonald

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	11 - 2 - 1920

FATHER

FULL NAME Frank J. MacDonald.

RESIDENCE Lewiston

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE N.J.

OCCUPATION Auto dealer

MOTHER

FULL MAIDEN NAME Connie E. Hennigen

RESIDENCE Lewiston

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Minn.

OCCUPATION House wife

Number of child of this mother, including present birth ...1..... Number of children of this mother now living, including present birth ...1.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive. ....., at 4:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M. D.
(Physician or midwife)

Address Lewiston

Given names added from a supplemental report.

.....19.....

..... Registrar

Filed Nov. 8 1920 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

318-203-035-556 00

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 404 - 17th St.

Hospital X

Registration District No. 96 File No. 85218

Primary Registration District No. 1009 Registered No. 575

FULL NAME OF CHILD Elsie May Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Nov. 3 1920

FATHER		MOTHER	
FULL NAME	Lee Taylor	FULL MAIDEN NAME	Alice Newby
RESIDENCE	Culdesac, Idaho	RESIDENCE	Cul desac, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Braddock

Lewiston, Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 8 1920 Susan E. Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO OCT 25 1944

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of Nez PERCE } ss.

Certificate No. 85218

Date Filed Oct. 22-1944

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)

for Elsie Mae Taylor (Name on Original Certificate) who Born (Was Born or ~~Died~~) on Nov. 3, 1920 (Date of Event)

in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Elsie May Taylor

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs. Lee Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 27 1944

655 - 204-035-29 (A)

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 85219

Primary Registration District No. 1009 Registered No. 576

FULL NAME OF CHILD Marilyn Alice Wenham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 4th 1920.

	FATHER	MOTHER
FULL NAME	Louis E. Wenham	FULL MAIDEN NAME Stella M. Brown
RESIDENCE	Colfax Washington	RESIDENCE Colfax Washington
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE Oklahoma
OCCUPATION	Publisher	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. G. Carson

Lewiston Idaho

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 8 1920 Susan E Bruce

Registrar

OCT 8 1942

125-207-035-393

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 85220

Primary Registration District No. 1009 Registered No. 577

Hospital St. Joseph's

FULL NAME OF CHILD Elizabeth Irene Akers.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.				Yes	November 7th 1920

FATHER		MOTHER	
FULL NAME	M. J. Akers	FULL MAIDEN NAME	Irene Little
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.45 P. M. on the date above stated.

(Signature) John N. Alley

Lewiston, Idaho.

(Physician ~~or midwife~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 8 1920 Susan E Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1943

154-109-035-335 J

PLACE OF BIRTH

STATE OF IDAHO
U OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Nez Perces

City of Lewiston

No. X St.

Hospital St. Joseph's

Registration District No. 96 File No. 85221

Primary Registration District No. 1009 Registered No. 5-78

FULL NAME OF CHILD Roger Ernest Anderson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	November 9th 1920

FATHER		MOTHER	
FULL NAME	Ernest A. Anderson	FULL MAIDEN NAME	Lora Cleveland
RESIDENCE	Clarkston, Wash.	RESIDENCE	Clarkston, Wash.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Truck gardener & fruit grower	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

(Signature) Paul O. Johnson

Lewiston, Idaho.
(Physician ~~or midwife~~)

Address _____

Filed Dec 8 1920 Avon E. Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/7/41 rmf

639-113-035-113

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 85222

No. ..... St.

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 5-79

FULL NAME OF CHILD John Stanley Fliekinger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 13th 1920

FATHER		MOTHER	
FULL NAME	Everett Fliekinger	FULL MAIDEN NAME	Caroline Jacobs
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) E. G. Broadrick

Lewiston Idaho.

(Physician ~~or midwife~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 8 1920 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1955

458-116-035-552

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Union Town, Washington

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85224

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lloyd Jack Reynolds

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	Yes	Nov 16, 1920 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Harry L. Reynolds	18. Full maiden name: Kathleen Veberes
10. Residence (usual place of abode) (If non-resident, give place and State): Union Town, Wn.	19. Residence (usual place of abode) (If non-resident, give place and State): Union Town, Wn.
11. Color or race: Wh | 12. Age at last birthday: 26 (years)	20. Color or race: Wh | 21. Age at last birthday: 17 (years)
13. Birthplace (city or place) (State or Country): Illinois	22. Birthplace (city or place) (State or Country): Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stamdard Oil 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ..... 16. Date (month and year) last engaged in this work: ....., 19..... 17. Total time (years) spent in this work:	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ..... 25. Date (month and year) last engaged in this work: ....., 19..... 26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 12:30 at p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. McMahan, M. D.

or ....., Midwife

Address Lewiston, Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed Dec. 8, 1920, Simon E. Bruce
Registrar.

Registrar.

553-219-035-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96 File No. 85225

Primary Registration District No. 1009 Registered No. 582

FULL NAME OF CHILD Elizabeth Jane Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	November 19th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Nelson	FULL MAIDEN NAME	Selma Anderson
RESIDENCE	Clarkston, Wn	RESIDENCE	Clarkston, Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Wisconsin	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Alley

Lewiston, Idaho

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19

Registrar

Address

Filed Dec 8 1920

Susan E Brun

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California)ss.
County of San Francisco)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of April 1956

Notary Public, residing at San Francisco
My commission expires June 23 1956

Signed Effie L. Lewis
(Signature of any Credible Person)
1747 - 49 ave.
Oakland 1, California
(Street Address, City, State)

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Francisco } ss.

Certificate No. 85225

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nelson (Name on Original Certificate) who was born (Was Born or Died) on November 19, 1920 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card Bank Record 1955 Prudential Insurance Co. (Bible Record, Insurance Policy, Etc.) prepared on November 25, 1940 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Elizabeth Jane Nelson

Subscribed and sworn to before me this 18th day of April, 1956

Signed Selma Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at San Francisco
My commission expires Jan 23 1956
(Seal)

2238 Market St. San Francisco
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of [illegible] 1956

Signed
(Signature of Any Credible Person)

Notary Public, residing at San Francisco
My commission expires Sept 14 1956
(Seal)

(Street Address, City, State)

FORM DPH 55-155

JUN 25 1956

754-121-035-296
B

PLACE OF BIRTH

Form ~~V. S. No.~~ 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 85226

No. ..... St.

Hospital St. Josephs

Primary Registration District No. 1009 Registered No. 583

FULL NAME OF CHILD ~~XXXXXXXX~~ JERARD - ~~XXXXXXXX~~ M. Pederson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	November 21st 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred E. Pederson	FULL MAIDEN NAME	Josephine Brown
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock

Lewiston Idaho
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Dec 8 1920 Susan E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1920-434885

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85226
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Martin Gerard Pederson (Name on original certificate) who Born (Was born or died) on Nov 23 - 1920 (Date of event)
in Martin Gerard Pederson (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Martin Gerard Pederson	Jerard M. Pederson

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Josephine Pederson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pierce Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Pierce }
County of Clearwater Co. } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at Pierce Ida.
My commission expires .....
[SEAL]

Signed Ben Smith
(Signature of any credible person other than the previous affiant.)
Box 83 Pierce Idaho.
(Street Address, City, State)

Received for filing on ..... By .....

485-121-035-866

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 85227

No. ..... St.

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 5-84

FULL NAME OF CHILD Leo Marshall Myers

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	November 21 1920

FATHER		MOTHER	
FULL NAME	Jay J. Myers	FULL MAIDEN NAME	Marcia M. Howell
RESIDENCE	Gifford, Idaho	RESIDENCE	Gifford, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Gifford, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 p. M. on the date above stated.

(Signature) Paul W. Johnson

Lewiston, Idaho
(Physician or ~~midwife~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 8 1920 Joan E Bruce
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1942

766-232-035-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1534 G St.

Registration District No. 96

File No. 85228

Primary Registration District No. 1009

Registered No. 583

Hospital

FULL NAME OF CHILD Dorothy Gean Powers.

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	yes	Nov 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C W Powers	FULL MAIDEN NAME	Luria Gragg
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Order Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Inman M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Main St Trust 512 Lewiston Idaho

19

Filed Dec 1920 Susan E Bruce
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-228-035-319

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 503 - 16th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 85230

Primary Registration District No. 1009 Registered No. 587

FULL NAME OF CHILD Kittie Mattoon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	November 28th 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl N. Mattoon	Agnes I. Sarsain
RESIDENCE	Lewiston, Idaho	Lewiston, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	16
BIRTHPLACE	Idaho	Washington
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) Paul M. Brewster

(Physician or ~~midwife~~)

Address Lewiston Idaho

Filed Dec 8 1920 Susan E Bruce Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

OCT 1 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256-129-035-884

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1304 Main St.

Hospital White

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 85231

Primary Registration District No. 1009 Registered No. 588

FULL NAME OF CHILD ROBERT MURRAY Sewell

Sex of Child: Male

Twin, Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: 11 (Month) 29 (Day) 1920 (Year)

FATHER

FULL NAME: Ray Sewell

RESIDENCE: Lewiston Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Grocery Clerk

MOTHER

FULL MAIDEN NAME: Ruth Riley

RESIDENCE: Lewiston Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Iowa

OCCUPATION: H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar E. White
By R C Fowler
(Physician or midwife)

Address Lewiston

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Dec 8 1920 Susan E. Bruce
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of LOS ANGELES. } ss.

Certificate No. 85231

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for ROBERT MURRAY SEWELL (Name on Original Certificate) who BORN (Was Born or Died) on NOVEMBER 29, 1920 (Date of Event)
in LEWISTON, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Murray Sewell

Subscribed and sworn to before me this 1st day of JUNE, 19 42

Notary Public, residing at SANTA MONICA CAL

My commission expires JUL 15 1945 NOTARY PUBLIC
(Seal) In and for the County of Los Angeles, State of California
My Commission Expires

Signed Cary M. Sewell (Father)
(Signature of parent) or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

3618 Jasmine Ave Los Angeles Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 3 1942

JUN 1942

MAY 20 1954

399-230-035-962

PLACE OF BIRTH amend 11-18-82

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital White

Registration District No. 96

File No. 85232

Primary Registration District No. 1009

Registered No. 589

FULL NAME OF CHILD Elizabeth Lucy Tribitt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	11 (Month) 30 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W A Tribitt	FULL MAIDEN NAME	Elizabeth Robertson
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	BIRTHPLACE	Canada
OCCUPATION	Ry Laborer	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. P. A. Waters
By R. C. Pauley
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Dec 8 1920 Susan E Bruce
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-28-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

NOV 17 9 28 AM '82

Certificate No. 85232
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Tribett (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 30, 1920 (Date of Event)

in Lewiston (Nezperce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
fathers last name	Tribett	Tribitt
childs name	Unnamed Tribett	Elizabeth Lucy Tribitt

Subscribed and sworn to before me this 1st day of November, 1982
Notary Public, Bernice L. Williams
Residing at Wenatchee, Wa. 98801
My commission expires Feb 15, 1985
(Seal)

x Elizabeth L. Keizer
Signature of Applicant
Rt. 1, Box 40, Peshastin, WA 98847
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of November, 1982
Notary Public, Susan K. Lind
Residing at Lewiston, Id
My commission expires 12-12-83
(Seal)

x Elizabeth Tribitt
Supporting Signature
3217 - 9th St. Lewiston Id. 83501
Street Address, City, State

lcc pd

Last Will and Testament of Willard A Tribitt of Lewiston gives to his daughter Elizabeth Lucy Tribitt about 16 years old said estate. Will dated and signed by Willard A Tribitt on July 2, 1937. Viewed by V.S.

NOV 18 1982

Lewiston High School in Lewiston Idaho gives Elizabeth Lucy Tribitt completed course of study on May 17, 1939. Viewed by V.S.

Page from baby book gives Elizabeth Lucy Tribitt was born at 9:45 on Nov 30, 1920 to Bessie Tribitt and W.A. Tribitt. Obviously old record. Viewed by V.S.

165-105-036 - 993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Added child's name amended mother's & father's names 12-21-94 ms child's d.o.b.

County of Oneida

City of Samaria

Registration District No. 26

File No. 85233

No. ..... St.

Primary Registration District No. 2064

Registered No. 214

Hospital .....

FULL NAME OF CHILD Claude Dlawn Jones

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	Nov 5 15 1920

FATHER	MOTHER
FULL NAME Simeon ~~Nelson~~ Dlawn Jones	FULL MAIDEN NAME Leda ~~Richards~~ Hughes
RESIDENCE Samaria	RESIDENCE Samaria
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 17 (Years)
	BIRTHPLACE Idaho
	OCCUPATION Housewife

Number of child of this mother, including present birth | Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M. D.

Physician

(Physician or midwife)

Address Malad Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 4 1920 R T Mauer M D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 5 1994

11-21-94

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 85233
Date Filed DEC. 4, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Jones (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 5, 1920 (Date of Event)

in Samaria (Oneida) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Jones	Claude Dlawn Jones
child's date of birth	Nov. 5, 1920	Nov. 15 1920
father's name	Delawn Jones	Simeon Dlawn Jones
mother's name	Leda Richards	Leda Hughes

Subscribed and sworn to before me this 5 Th day of December, 1994.

Notary Public, _____
Residing at 29 Westello blvd. Pocatello, ID
My commission expires 11/21/2000
(Seal)

Claude Dlawn Jones
Signature of Applicant
1331 Yellowstone E 33
Street Address, City, State
Pocatello, Ida. 83201

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

DEC 2 1 1994

Social Security number 518-16-6602 was issued to Claude Dlawn Jones Aug. 10, 1938 viewed VS.

Idaho Certificate of Birth filed Nov. 27, 1959 file #59-15140 shows Claude D. Jones was born July 21, 1959 in Salmon (Lemhi) ID to Claude Dlawn Jones and Lucille Snell Lamont viewed VS.

Certificate of Ordination to the office of Deacon from the LDS church shows Simeon D. Jones was ordained Feb. 1, 1915 viewed VS.

Certificate of Death State of Idaho filed Jan. 17, 1963 file #63-082 shows Simeon Dlawn Jones died Jan. 7, 1963 in Pocatello (Bannock) ID viewed VS.

Certificate of Baptism and Confirmation from the LDS church shows Claud Dlawn Jones son of S. Dlawn Jones and Leda Hughes born Nov. 15, 1920 in Samaria (Oneida) ID was Baptized March 1, 1930 viewed VS.

Certificate of Award certifies that Leda Hughes was awarded this certificate for being niether tardy nor absent from school during the month ending Feb. 23, 1910 viewed VS.

165-211-036-551 attend 12-22-82

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cuiba

City of Malad.

No. ..... St.

Hospital .....

Registration District No. 24 File No. 85234

Primary Registration District No. 2264 Registered No. 215

FULL NAME OF CHILD Thelma Jones.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	11 11 1920

FATHER		MOTHER	
FULL NAME	Evan W. Jones.	FULL MAIDEN NAME	Mary Evans.
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8: P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Sturgis M. D.

(Physician or midwife)

Address Malad Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 4 1920

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho _____

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Malad
(ST. R. F. D. #1.
(COUNTY Oneida

FILE NO. 120525

DATE OF BIRTH November 11, 1920.

SEX OF CHILD ~~XXXXX~~ ~~Male~~ Female

FATHER Evan W. Jones

MOTHER Mary Evans
(MAIDEN NAME)

I HEREBY CERTIFY that the child herein described has been named:

Thelma

Mrs. E. W. Jones.
Signature of Father or Mother.

JUN 3 1969

11-24-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA
County of CONTRA COSTA } ss.

DEC 22 10 08 AM '82

Certificate No. 85234
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Thelma Jones (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 11, 1920 (Date of Event)

in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs sex	Male	Female

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X Thelma J. Rockwell
Signature of Applicant

1618 Silver Hill Road
Street Address, City, State

Lafayette, Calif. 94549

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Wilda Jones Thompson
Supporting Signature

40184 Santa Teresa Com.
Street Address, City, State
Fremont Ca

2 cc pd

Insurance Policy from Mutual Life Ins Co gives Thelma Jones (Female) born Nov 11, 1920 as insured. Policy date 8-8-44. Viewed by V.S.

DEC 22 1982

Birth Certificate for Linda Jean Rockwell born 5-16-46 in Alameda California to Dick Rockwell, father and Thelma Jones, Mother. Viewed by V.S.

STATE OF CALIFORNIA)
) ss.
COUNTY OF CONTRA COSTA)

On DECEMBER 17, 1982, before me, the undersigned, a Notary Public in and for said State, personally appeared WILDA JONES THOMPSON

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Signature Karen Reed

OFFICIAL SEAL
KAREN REED
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
CONTRA COSTA COUNTY
My Commission Expires January 23, 1983

(This area for official notarial seal)

SF-423-4 (REV. A - 7/82) (CA) (INDIVIDUAL)

STATE OF CALIFORNIA)
) ss.
COUNTY OF CONTRA COSTA)

On DECEMBER 17, 1982, before me, the undersigned, a Notary Public in and for said State, personally appeared THELMA J. ROCKWELL

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

Signature _____

OFFICIAL SEAL
KAREN REED
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
CONTRA COSTA COUNTY
My Commission Expires January 28, 1983

(This area for official notarial seal)

SF-423-4 (REV. A - 7/82) (CA) (INDIVIDUAL)

464 - 111-036-165

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 85235

No. ..... St.

Primary Registration District No. 2069 Registered No. 216

Hospital .....

FULL NAME OF CHILD Ira Gale Moon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 11 1920

FATHER		MOTHER	
FULL NAME	Ira R Moon	FULL MAIDEN NAME	Lula M Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Malad	BIRTHPLACE	Marysville
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Dec 4 1920 R. T. Maier M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

API

NOT

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

FORM V.

85-235

Ent 4/17/2

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Malad

Street and House No.

County Oneida

Registered No. 216

Registration Dist. No. 26

Sex of Child Male

Date of Birth Nov 11 1920
MONTH DAY YEAR

Father Ira R. Moon
FULL NAME

Mother Lula M. Jones
FULL MAIDEN NAME

I Hereby Certify that the child described herei
has been named:

Ira Gale Moon
GIVEN NAME IN FULL SURNAME

as reported by Ira R. Moon
FATHER

R. T. Mauer M.D.
LOCAL REGISTRAR

26 1967

796-213-036-285

[redacted] Form V. S. No. 1f-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad Registration District No. 6 File No. 85236

No. ..... St.

Primary Registration District No. 2 b 1 Registered No. 11

Hospital .....

FULL NAME OF CHILD Patricia Gioias

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Nov 13 (Month) (Day) 19 20 (Year)

FATHER	MOTHER
FULL NAME James P Geolas	FULL MAIDEN NAME Hanie H Shepherd
RESIDENCE Malad	RESIDENCE Malad
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Grace	BIRTHPLACE Paris, Ida
OCCUPATION Cafe Proprietor	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed Dec 4 1920 R. T. Mayer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

469-113-036-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 85237

No. ..... St.

Primary Registration District No. 2064 Registered No. 218

Hospital .....

FULL NAME OF CHILD Duane Morgan

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ralph V Morgan	FULL MAIDEN NAME	Manila Jenkins
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Dec 4 1920

R. M. [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 278. 5

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

- 85-237

Registered No. 218

Registration Dist. No. 26

Place of Birth: City Malad

Street and House No.

County Oneida

Sex of Child Male

Date of Birth Nov (MONTH) 13 (DAY) 1920 (YEAR)

Father Ralph V. Morgan (FULL NAME)

Mother Manila Jenkins (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Duane Morgan (GIVEN NAME IN FULL) (SURNAME)

as reported by Ralph Morgan (FATHER OR MOTHER)

R. T. Maw M.D. (LOCAL REGISTRAR)

251-114-036-316

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 85238

No. ..... St.

Primary Registration District No. 2069 Registered No. 219

Hospital .....

FULL NAME OF CHILD Niels A Pearson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 14 1920

FATHER		MOTHER	
FULL NAME	Niels A Pearson	FULL MAIDEN NAME	Matilda M Laws
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11.40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Dec 4 1920 R T Maney M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-118-036-386

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad. Registration District No. 20 File No. 85239

No. ..... St.

Hospital ..... Primary Registration District No. 204 Registered No. 240

FULL NAME OF CHILD Blair Thomas

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth 11 (Month) 18 (Day) 1921 (Year)

FATHER

FULL NAME Henry W. Thomas.

RESIDENCE Malad Ida.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Malad

OCCUPATION Bank Clerk

MOTHER

FULL MAIDEN NAME Sarah Belle Thomas.

RESIDENCE Malad Ida.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Malad Ida.

OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Harris. M.D.

(Physician or midwife)

Address Malad Ida

Filed Dec 4 1921

Registrar

RECEIVED
APR 19 1921
BUREAU OF VITAL STATISTICS

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

sent 4/17/21

Place of Birth
City Malad
Street and House No.
County Oneida

Registered No. 220
Registration Dist. No. 26

Sex of Child Male
Date of Birth 11 - 18 1920
MONTH DAY YEAR
Father Henry W. Thomas
FULL NAME
Mother Sarah Belle Thomas
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Blair Thomas
GIVEN NAME IN FULL SURNAME

as reported by H W Thomas
FATHER ~~OR MOTHER~~

R. T. Mauer M.D.
LOCAL REGISTRAR

435-126-036-318

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad — Registration District No. [illegible] — File No. 85240

No. ____ St. — Primary Registration District No. 204 — Registered No. 221

Hospital ____

FULL NAME OF CHILD Marshall Allen McEntire

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male					Nov. 26 1920

FATHER		MOTHER	
FULL NAME	Marshall a McEntire	FULL MAIDEN NAME	Amy Taylor
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Contractor	BIRTHPLACE	Housewife
OCCUPATION	Ogden, Utah	OCCUPATION	Ogden Utah

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Mauer M.D

Physicians (Physician or midwife)

Address Malad

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec 4 1920 — R O Mauer M.D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 4 1921
BUREAU OF VITA
STATISTICS

FORM

BOA ... ICS

9 1/2 June 4 - 2

SUPPL... R... T OF BIRTH

Place of Birth
City Malad
Street and House No.
County Oneida

Registered No. 221

Registration Dist. No. 26

Sex of Child male

Date of Birth 11 (MONTH) 26 (DAY) 1920 (YEAR)

Father M. A. McEntire (FULL NAME)

Mother Amy Taylor (FULL MAIDEN NAME)

I Hereby Certify that the child described herein has been named:

Marshall Allen McEnti (GIVEN NAME IN FULL) (SURNAME)

as reported by Mrs. M. A. McEntir (FATHER OR MOTHER)

R. T. Maurer M.D. (LOCAL REGISTRAR)

APR 13 1977

234-227-036-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 85241

Primary Registration District No. 3069 Registered No. 222

FULL NAME OF CHILD Lois Ettar Sluder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov. 27 1920

FATHER		MOTHER	
FULL NAME	Joe Sluder	FULL MAIDEN NAME	Essie Ditmore
RESIDENCE	Cedarhill Id.	RESIDENCE	Cedarhill Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	No. Carolina	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. O. Maurer M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad, Idaho

Filed Dec 4 1920 P. O. Maurer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793 - 228 - 036 - 231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Downey

No. ..... St.

Hospital .....

Registration District No. 26 File No. 85242

Primary Registration District No. 2044 Registered No. 23

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes.	11	28	19 20

FATHER		MOTHER	
FULL NAME	Fred Gilgen	FULL MAIDEN NAME	Louisa Stauffer
RESIDENCE	Downey Ida.	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.
(Physician or midwife)

Address Malad Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 4 19 20

Registrar

255-230-036-962

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 85243

No. ..... St.

Primary Registration District No. 2069 Registered No. 224

Hospital .....

FULL NAME OF CHILD Lillian Kent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 30 1920

FATHER		MOTHER	
FULL NAME	Brigham O Kent	FULL MAIDEN NAME	Ethel Rose
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Dec 4 1920

R T Miner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-214-036-515

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Glenn's Ferry

Registration District No. 35 File No. 85244

No. ..... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lila Mari McAnulty

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	8	yes	Nov 14 1920

FATHER

FULL NAME Lloyd McAnulty

RESIDENCE Glenn's Ferry Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE America

OCCUPATION night Marshall

MOTHER

FULL MAIDEN NAME Delia Van Zaar

RESIDENCE Glenn's Ferry Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE America

OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Nov. 14. 1920 at 8-45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Docis M. D.

Physician

(Physician or midwife)

Address Glenn's Ferry Idaho

Filed Nov. 24 1920

J. W. Docis Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0 1971

752-205-036-122

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Jordan Valley Registration District No. 43 File No. 85245

No. ____ St. Primary Registration District No. 2120. Registered No. ____

Hospital ____

FULL NAME OF CHILD Marie Pesquera

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Nov. 5 1920

FATHER	MOTHER
FULL NAME Pedro Camillo Pesquira	FULL MAIDEN NAME Maria L. Casavilla
RESIDENCE Jordan Valley	RESIDENCE Jordan Valley
COLOR White (Basque)	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Bilboa, Spain	BIRTHPLACE Spain (Navarro)
OCCUPATION Sheep-Camp-Tender	OCCUPATION Camp-cook & house-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive [illegible]) at 1.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

(Physician [illegible])

Address Silver City, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 7 1920 W. H. Schuyler M.D. Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-103-036-462

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver City, (Boulder) Registration District No. 43 File No. 85246

No. St.

Primary Registration District No. 2120 Registered No.

Hospital

FULL NAME OF CHILD James Alvin Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes,	Nov. 3 1920

FATHER		MOTHER	
FULL NAME	Alvin Miller	FULL MAIDEN NAME	Anna Mosher
RESIDENCE	Portland, Ore.	RESIDENCE	Portland, Ore. (near)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Illinois
OCCUPATION	Commercial Traveler	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 3.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

(Physician ~~or midwife~~)

Address Silver City, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 7 1920 W. H. Schuyler, M.D.
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-112-037-259

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Dunphee

City of Wilson

No. ~ St.

Hospital ~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 85247

Primary Registration District No. 1066 Registered No.

FULL NAME OF CHILD Donald Jennings Stanwood.

Sex of Child Male | Twin Triplet or other? No (To be answered only in event of plural births) | and | Number in order of birth ~ | Legitimate? Yes | Date of Birth Nov. (Month) 12 (Day) 1920 (Year)

FATHER

FULL NAME Bryan J. Stanwood

RESIDENCE Wilson, Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Nebraska

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Estrude C. Keith

RESIDENCE Wilson, Idaho

COLOR White AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

(Signature) Thos. B. Scott

Physician (Physician or midwife)

Address Nampa, Idaho

Filed Dec. 10 1920 Pearle Dodds Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

257-127-037-221

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale Registration District No. 130 File No. 85248

No. ..... St.

Primary Registration District No. Homedale Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov 27 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Austin C Sexton	Bernice E Skaggs
RESIDENCE	Homedale Ida	Homedale Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Mo	Texas
OCCUPATION	Farmer	Hw

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper MD

(Physician or midwife)

Address Homedale Ida

Given names added from a supplemental report Dec 1 1920

Simeon Hopper Registrar

Filed Dec 1 1920 S Hopper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

499-116-038-238

PLACE OF BIRTH

County of Payette

City of Fruitland

No. _____ St.

Hospital _____

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2130 File No. 85249

Primary Registration District No. _____ Registered No. _____

Full Name of Child Donald Joseph Driscoll

SEX OF CHILD: male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	DATE OF BIRTH: Oct. 16 (Month) (Day) 1920 (Year)	

FATHER	MOTHER
FULL NAME: John L. Driscoll	FULL MAIDEN NAME: Annie O. Scholes
RESIDENCE: Fruitland	RESIDENCE: Fruitland
COLOR: w	COLOR: w
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Illinois
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Weese M.D.

(Physician or midwife)

Address Ontario - Ore.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct. 20. 1920 L. O. Paxton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

893-206-038-234

PLACE OF BIRTH

County of Payette

City of Fruitland

No. _____ St.

Hospital _____

[redacted] STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

Registration District No. 2130

Primary Registration District No. _____

File No. 85250

Registered No. [redacted]

Full Name of Child Nettie Helena Hillis

SEX OF CHILD	female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate?	yes
DATE OF BIRTH	Nov. 6 (Month) (Day) 1920 (Year)				

FATHER

FULL NAME: Robert M. Hillis

RESIDENCE: Fruitland

COLOR: w

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Ireland

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Grace L. Stewart

RESIDENCE: Fruitland

COLOR: w

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Neese, M.D.

(Physician or midwife)

Address Ontario — Ore.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 12 1920 G. E. Payton

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1961

315-102-038-493

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 85251

Primary Registration District No. 1008 Registered No. 74

FULL NAME OF CHILD Rupert Orson Lane

Sex of Child: Male | Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth: Oct (Month) 2 (Day) 1920 (Year)

FATHER

FULL NAME: Fordyce Calvin Lane

RESIDENCE: Payette Idaho

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: N. Y

OCCUPATION: Manufacturer

MOTHER

FULL MAIDEN NAME: Flora Miller

RESIDENCE: Payette Ida

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: N. Y

OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward M D
(Physician or midwife)

Address Payette Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 3 1920 J. C. Woodward
Registrar

JUN 1

168 - 205 - 038-331

PLACE OF BIRTH

County of Payette

City of Payette

No. ____ St.

Hospital ____

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 85252

Primary Registration District No. 1008 Registered No. 75

FULL NAME OF CHILD ____

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth Oct 5 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Ramus Johnson

RESIDENCE Payette Ida

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Crete Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bertha Clanton

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Iowa

OCCUPATION None

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 p.m. on the date above stated.

(Signature) J. C. Woodward M.D.

Physician (Physician or midwife)

Address Payette Idaho

Filed Oct 6 1920 J. C. Woodward Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....19....

.... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

969 - 217-038-235

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. N 9th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 85253

Primary Registration District No. 1008 Registered No. 76

FULL NAME OF CHILD Velma El Doris Rorabaugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl					June 17 1920

FATHER		MOTHER	
FULL NAME	H. E Rorabaugh	FULL MAIDEN NAME	Mabel Stevens
RESIDENCE	Payette	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O. H. Avey

Physician

(Physician or midwife)

Address Payette, Ida.

Filed Oct. 31 1920 J. C. Woodward

Registrar

NOV 5 1963

849-114-038-141

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Whitley Bottom Registration District No. 4 File No. 85254

No. ..... St.

Primary Registration District No. 1008 Registered No. 77

Hospital .....

FULL NAME OF CHILD Harold Hurd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 14 1920

FATHER		MOTHER	
FULL NAME	Clyde Hurd	FULL MAIDEN NAME	Effie Adams
RESIDENCE	Whitley Bottom	RESIDENCE	Whitley Bottom
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oklahoma
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. N. Avery

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 31 1920 J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

992-106-038-419

PLACE OF BIRTH

Form V. S. [illegible] No. C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 85256

No. 1030 Central Ave. St.

Primary Registration District No. 1008 Registered No. 79

Hospital

FULL NAME OF CHILD Herold Bertrum Irby

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Sept 6 1920.

FATHER	MOTHER
FULL NAME W. B Irby.	FULL MAIDEN NAME Savia Darden
RESIDENCE Longhaimer Blk. Payette, Ida	RESIDENCE Longhaimer Blk, Payette, Ida
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR white	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Oklahoma	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician

(Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

19

Registrar

Filed Oct 31 1920 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1968

689-117-038-129

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 85257

No. ..... St.

Primary Registration District No. 1008 Registered No. 80

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 17 1920

FATHER	MOTHER
FULL NAME: Quincy White	FULL MAIDEN NAME: Ailene Abraham
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. K. Woodward

(Physician or midwife)

Address Payette Idg

Filed Oct. 31 1920 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-255-126-038 -231

PLACE OF BIRTH AMENDED JULY 1, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Registration District No. 4 File No. 85258

Hospital ..... Primary Registration District No. 1008 Registered No. 81

FULL NAME OF CHILD William Roy Beeson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 26, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Roy Beeson	FULL MAIDEN NAME: Lizzie Slabaugh
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Ill.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald

(Physician or midwife)

Address Payette, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Oct. 31, 1920 J. C. Woodward Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 1 1954
Division of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 85258

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Ray Beeson (Name on Original Certificate) who was born (Was Born or Died) on October 26, 1920 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	William Ray Beeson	William Roy Beeson
Father's Name	Ray Beeson	Roy Beeson
Mother's Name	Lizzie Slabough	Lizzie Slabaugh

Subscribed and sworn to before me this 22nd day of June, 1954

Notary Public, residing at Baker, Oregon
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My Commission Expires July 15, 1956

Signed Lizzie Slabaugh Beeson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3210 J. St. Baker, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Baker } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June, 1954

Notary Public, residing at Baker, Oregon
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My Commission Expires July 15, 1956

Signed Glen N. Chandler
(Signature of Any Credible Person)

2320 Myrtle St Baker Ore
(Street Address, City, State)

DPH 52-155

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 85258

Primary Registration District No. 1008 Registered No. 81

FULL NAME OF CHILD William Ray Beeson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct. 26 19 20

FATHER	MOTHER
FULL NAME: Ray Beeson	FULL MAIDEN NAME: Lizzie Slabaugh
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Ill.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Kennard
(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Oct. 31 1920 J. C. Woodward
Registrar

MAY 11 1954

JUL 1 1954

239-201-038-813

PLACE OF BIRTH

Amended 10-19-59

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Near Falk

No. ____ St.

Registration District No. 5 File No. 85259

Hospital ____ Primary Registration District No. 2009 Registered No. 47

FULL NAME OF CHILD Joan Strohbhen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Oct. 1, 1920

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Edward B. Strohbehn	FULL MAIDEN NAME: Josie Hall
RESIDENCE: near Falk, Idaho	RESIDENCE: near Falk, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 p.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Drysdale

M.D.
(Physician or midwife)

Address New Plymouth, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Oct 1920 Wm. T. Drysdale Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

To correct father's name, Social Security Account Number #519-40-1803, gives name as Edward Benjamin Strohbehn, viewed by V.S.; Registration Certificate, dated April 27, 1942, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Payette

Certificate No. 85259

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joan Strobehn (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1920 (Date of Event)
in Near Falk (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Joan Strobehn	Joan Strohbehn
name of father	Edward B. Strobehn	Edward B. Strohbehn

Subscribed and sworn to before me this 5 day of March, 1959
Hazel L. Burlbest
Notary Public, residing at Eagle Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Edward B. Strohbehn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 2 New Plymouth Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1959
John L. Wagner
Notary Public, residing at New Plymouth, Idaho
My commission expires Sept 19, 1962
(Seal)

Signed Joan N. Strohbehn
(Signature of Any Credible Person)
Rt 2 New Plymouth Ida.
(Street Address, City, State)

FORM OPH 55.155

Report card, obviously old, gives child's name as Joan Strohbehn. Viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of Near Falk -

No. ..... St.

Hospital .....

Registration District No. 5 File No. 85259

Primary Registration District No. 2009 Registered No. 47

FULL NAME OF CHILD Joan Strobehn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 1 1920

FATHER		MOTHER	
FULL NAME	Edward B. Strobehn	FULL MAIDEN NAME	Josie Hall
RESIDENCE	Near Falk, Ida -	RESIDENCE	With husband.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho -
OCCUPATION	Farmer	OCCUPATION	Housewife -

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address New Plymouth Ida

Filed ..... 19....

Wm J. Drysdale
Registrar

749-115-038-231

Amended 4-12-72

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Near New Plymouth Registration District No. 5 File No. 85260

No. ..... St.

Primary Registration District No. 2007 Registered No. 48

Hospital .....

FULL NAME OF CHILD Lewis Levi Purcell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Oct 15 1920

FATHER		MOTHER	
FULL NAME	Elmer Floyd Purcell	FULL MAIDEN NAME	Ruth Marie Slater
RESIDENCE	New Plymouth R 7 Dr	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

(Signature) W. J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida

Filed Oct 1920 W. J. Drysdale Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1972

3-14-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85260

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Louis Levi Purcell (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1920 (Date of Event)

in New Plymouth (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	Louis	Lewis

Subscribed and sworn to before me this 14th day of March, 1972

Clarence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Ruth Marie Purcell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Family Bible gives name as Lewis Levi Purcell born Oct. 15, 1920. Family Bible obviously old.
Viewed by V.S.

APR 13 1972

New Plymouth School Dist. # 372 New Plymouth, Idaho states that Lewis Purcell was registered in that district and birthdate is given as Obet October 15, 1920
Mrs. Dorothy Bradlye, Clerk
Viewed by V.S.

235-229-038-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of

No. St.

Hospital

Registration District No.

File No. 85261

Primary Registration District No. 700

Registered No. 49

FULL NAME OF CHILD Rena Mae Steiner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Steiner	FULL MAIDEN NAME	Violet Clanton
RESIDENCE	New Plymouth Ida R F D	RESIDENCE	with husband.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo-	BIRTHPLACE	Iowa.
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address New Plymouth Ida

Filed Oct 1920 Wm T. Drysdale

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 28 1944

849-110-078-883

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St.

Hospital .....

Registration District No. 5 File No. 85262

Primary Registration District No. 1009 Registered No. 57

FULL NAME OF CHILD Kenneth Robert Hurrle

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M			Yes	Nov	10	1920

FATHER

FULL NAME Emmett Hurrle

RESIDENCE near New Plymouth Ida

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME May Hylton

RESIDENCE with husband

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Mo.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

(Signature) Wm J. Drysdale MD

(Physician or midwife)

Address New Plymouth - Ida

Filed Nov. 1920 Wm J. Drysdale Reg'

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS SEP 19 1 04 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85262

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Hurrle (Name on Original Certificate) who was born (Was Born or Died) on November 10, 1920 (Date of Event)
in New Plymouth (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Unnamed	Kenneth Robert Hurrle

Subscribed and sworn to before me this 19th day of September, 1972

Glenda Mae Larson

Notary Public, residing at Rexburg, Idaho

My commission expires Sept 15, 1976

(Seal)

Signed Jo Ann F. Hurrle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 3 Box 3 Fruitland, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate on file Idaho #423851 for child born August 20, 1946 gives Kenneth Robert Hurrle born in New Plymouth, Idaho 25 years old.--viewed VS.

Honorable Discharge UnitedStates Navy - date of induction Dec. 17,1941 - Discharge date Oct. 25, 1945 (born Nov. 10, 1920 in New Plymouth, Idaho) signed Captain Harold Bye USN gives name as Kenneth Robert Hurrle.
Viewed by VS

SEP 19 1972

361-203-038-385

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. ..... File No. 85263

Primary Registration District No. ..... Registered No. 82

FULL NAME OF CHILD Baby Coats

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Earl J. Coats	FULL MAIDEN NAME	Bertha L. Cheek
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Idaho

Filed Nov. 29 1920

J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-17

PLACE OF BIRTH 389-311-039-133

STATE [redacted] BUREAU OF [redacted] STICS

CERTIFIC[redacted] TH

85264

County of Power

City of Amer. Falls

Amended 8=18-80

No. ..... St.

Registration District No. 25

File No. 3

Primary Registration District No. 2075

Registered No. 244

Hospital .....

FULL NAME OF CHILD Lillian Ileen Christensen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.			yes	11-11-1920

	FATHER	MOTHER
FULL NAME	John Vernon Christensen	Lillian Emily Allen
RESIDENCE	Amer. Falls. Ida	Amer. Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

(Signature) Richard J. Noth M.D.

(Physician or midwife)

Address American Falls Ida

Filed 12-3-1920 Richard J. Noth

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VITAL STA

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 18 10 21 AM '80

State of Idaho
County of _____ } ss.

Certificate No. 85264
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Christiansen (Name on Original Certificate) who was born (Was Born, Died, etc.) on November 20, 1920 (Date of Event)

in American Falls (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	omitted	Lillian Ileen Christensen
Birthdate of child	November 20, 1920	November 11, 1920
Spelling of last name	Christiansen	Christensen

Subscribed and sworn to before me this 18th day of August, 1980.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Lillian E Christensen
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal) In office 8-18-80

Supporting Signature

Street Address, City, State

Own child's birth certificate on file with State of Idaho gives name of mother Ileen Christensen. Child born January 20, 1956, in Nampa, Idaho. Certificate # 56-453. Viewed by V.S.

Social Security record gives name as Ileen Lillian Christensen Ronfeld.
518 20 7247 Issued 1974.
Viewed by V.S.

Family Record gives name as Lillian Ileen Christensen born November 11, 1920 to John Vernon Christensen and Lillian Emily Allen. Record obviously old. Viewed by V.S.

813-126-035-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Hospital Bethany

Registration District No. 25

Primary Registration District No. 2072

File No. 85265

Registered No. 243

FULL NAME OF CHILD Warren Richard Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	NOV. ~~25~~ 26 20 191...

FATHER	MOTHER
FULL NAME: Bert A. Hall	FULL MAIDEN NAME: Edella Isabella Powers
RESIDENCE: American Falls	RESIDENCE: American Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: ~~Florida~~ Colorado	BIRTHPLACE: Idaho
OCCUPATION: Civil Engineer	OCCUPATION: House wife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 .. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Hall

(Physician or ~~midwife~~)

Address American Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12 3 1920

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of Washington)
) ss.
County of Douglas)

We, Bert A. Hall and Edella I. Hall, father and mother of Warren Richard Hall, do solemnly swear, that Warren Richard Hall was born at American Falls, Idaho on the 26th day of November, 1920, viz., the next day after Thanksgiving, 1920.

Bert A. Hall Signature
Coulee Dam, Wash. Address
Edella I. Hall Signature
Coulee Dam, Wash. Address

Subscribed and sworn to before me on this 25 day of July, A. D., 1941.

(SEAL) C B Frank Notary Public,
residing at Coulee Dam, Wash.

913-119-039-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Rockland

Registration District No. 25 File No. 85266

No. ..... St.

Primary Registration District No. 2072 Registered No. 242

Hospital .....

FULL NAME OF CHILD Ray C. Ralphs

Sex of Child Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Virgil O Ralphs	FULL MAIDEN NAME	May Corbridge
RESIDENCE	Rockland. Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5.45 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Amer. Falls. Idaho

Filed 12-3 1920 R. J. Notts

Registrar Registrar

S-Y-CO 36071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Power }

Certificate No. 85266

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death) for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event) in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Rockland Ward, L.D.S. Church (Bible Record, Insurance Policy, Etc.) prepared on Jan. 2, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Ray C. Ralphs		Born Nov. 19, 1920
name	none given	at Rockland, Power Co., Idaho
father's name (surname)	Virgil O. Ralph	Virgil O. Ralphs, Father

Subscribed and sworn to before me this 16 day of May, 1942

Harold D. Eschler

Notary Public, residing at Rockland Idaho

My commission expires 9-14-42

(Seal)

Signed W. Orvin Jayson

(Signature of parent, attendant, etc., correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rockland Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Power }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of May, 1942

Harold D. Eschler

Notary Public, residing at Rockland Idaho

My commission expires 9-14-42

(Seal)

Signed Thomas Melvin McLean
(Signature of Any Credible Person Other Than Previous Year)

Rockland Idaho

(Street Address, City, State)

MAY 21 1942

MAY 21

MAY 25 1942

263-212-039-695

PLACE OF BIRTH

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 25 File No. 85267

Primary Registration District No. 2072 Registered No. 2 H

FULL NAME OF CHILD Bernadine Boldt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			—	Yes	Nov 12 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter H. Boldt	FULL MAIDEN NAME	Kate Wiens
RESIDENCE	Power Co	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schuelz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Amer. Falls Ida

Filed 12-3 1920 R. J. Nolte

Registrar

S-Y-CO 38071

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bingham Power } ss.

Certificate No. 8V267

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bernadine Boldt (Name on Original Certificate) who Born (Was Born or Died) on Nov. 12, 1920 (Date of Event)
in Power County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parental Record (Bible Record, Insurance Policy, Etc.) prepared on 2-21-44 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Bernadine Boldt

Subscribed and sworn to before me this 21
day of February, 19 44

W. W. Pinckard
Notary Public, residing at Aberdeen, Ida

My commission expires 12-31-45
(Seal)

Signed Peter H. Boldt Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Aberdeen, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 2 8 2014

921-211-039-418

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of American Falls

No. ..... St.

Hospital ~~Bethany~~

Registration District No. 25

Primary Registration District No. 2072

File No. 85268

Registered No. 240

FULL NAME OF CHILD Helen Mable Isaak

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 11 1920

FATHER		MOTHER	
FULL NAME	August W. Isaak	FULL MAIDEN NAME	Justina Mayer
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	South Dakota	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth
(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address American Falls, Idaho

..... 19....

Filed 12-3 1920 R. F. Noth
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Power } ss.

Certificate No. 85268

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen Mable Isaak (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1920 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Mabel Isaak
		Helen Mable Isaak (correction)

Subscribed and sworn to before me this 8
day of June, 1942

Robert L. Ewing, Jr.
Notary Public, residing at American Falls, Idaho

My commission expires April 22, 1944
(Seal)

Signed August W. Isaak
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 9 1942

JUN 2 2 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Power

City of American Falls

No. ..... St.

..... (If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 85268

Registration District No. 25 State File No. .....

Prim. Registration District No. 2072 Local Registrar's No. .....

FULL NAME OF CHILD Helen Mable Isaak
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Nov. 11 1920

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME August W. Isaak

Residence (Usual place of abode) American Falls

If nonresident, give place and State .....

Color or race white Age at last Birthday 31 (Years)

Birthplace South Dakota (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Justina Mayer

Residence (Usual place of abode) American Falls

If nonresident, give place and State .....

Color or race white Age at last Birthday 31 (Years)

Birthplace Russia (City and State or Country)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 11 PM M. on the date above stated.

(Signature) Richard F Noth

M.D.
(Physician or midwife)

Address American Falls, Idaho

Filed 12-5-20 19.... R. F. Noth
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

253-128-039-258

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Crystal Idaho

Registration District No. 25

File No. 85269

No. ..... St.

Primary Registration District No. 2072

Registered No. 239

Hospital .....

FULL NAME OF CHILD John William Kellogg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John Ross Kellogg	FULL MAIDEN NAME	Clara May Snyder
RESIDENCE	Sand Springs Okla	RESIDENCE	Crystal Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cincinnati Ohio	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs D. B. Martin

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Crystal Idaho

Filed 12-3 1920 R. J. Noth

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/14/41

381-123-039-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 25

File No. 85270

Primary Registration District No. 2072

Registered No. 238

FULL NAME OF CHILD Earl H. Chapman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 23 1920

FATHER		MOTHER	
FULL NAME	Harry E Chapman	FULL MAIDEN NAME	Lovie Ellen Robberson
RESIDENCE	Arton. Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Scultz MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ames Falls Ida

Filed 12-3 1920 R. J. Notts

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

NOV 20 1943

Certificate No. 85270
Date Filed 10-19-43

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for NONE GIVEN (Name on Original Certificate) who BORN (Was Born or Died) on 10-23-20 (Date of Event) in Arbon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Earl H. Chapman

Subscribed and sworn to before me this 16 day of November, 1943

x A. B. Broyer
Notary Public, residing at Roseville Calif.

My commission expires Jan. 21, 1947
(Seal)
Notary Public in and for the County of Placer, State of California

Signed x H. E. Chapman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x R I #1 Box 120 Roseville Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Placer }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of November, 1943

x A. B. Broyer
Notary Public, residing at Roseville Calif.

My commission expires Jan. 21, 1947.
(Seal)
Notary Public in and for the County of Placer, State of California

Signed Mrs Lloyd T Dake
(Signature of Any Credible Person Other Than Previous Year)

R I Box 120 Roseville, Calif.
(Street Address, City, State)

DEC 8 1943

243-211-039-712

PLACE OF BIRTH name added 6-21-82

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of ..... Registration District No. 25 File No. 85271

No. ..... St. Primary Registration District No. 2572 Registered No. 237

Hospital .....

FULL NAME OF CHILD Grace Gladys Kulm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Matt Kulm	Elizabeth Gakel
RESIDENCE	Power Co	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Russia	Hungary
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D. L. Powell MD

(Physician or midwife)

Address American Falls

Filed 12-3 1920 R. F. Nolte Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 2 19

4-12-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 14 1982
Bureau of Vital Statistics

State of Idaho
County of Jerome } ss.

Certificate No. 85271
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Kulm (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-11-20 (Date of Event)
in Power County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Grace Gladys Kulm

Subscribed and sworn to before me this 12th day of April, 19 82

Notary Public, Dorothy Johnson
Residing at Jerome Idaho
My commission expires Lifetime
(Seal)

x Elizabeth Kulm
Signature of Applicant
100 N. Tillman Jerome Idaho 83338
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Baptism gives Grace Gladys Kulm born to Matthew Kulm and Elizabeth Zakel was born 10-11-20 and was baptised in 1928. Viewed by V.S.

JUN 21 1982

Certificate of Confirmation in First Lutheran Church gives Grace G Kulm born 10-11-20 was confirmed on 5-12-35. Viewed by V.S.

243-109-039-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of

No. St.

Hospital

Registration District No. 25

File No. 85272

Primary Registration District No. 2072

Registered No. 236

FULL NAME OF CHILD ARTHUR GEORGE KUCK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 9 1920

FATHER		MOTHER	
FULL NAME	Christian Kuck	FULL MAIDEN NAME	Rebecca Schattle
RESIDENCE	Power Co	RESIDENCE	[illegible]
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Roumania	BIRTHPLACE	Roumania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 1030 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Ames, Falls, Idaho

Filed 12-3 1920 R. L. Noth

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Paid 10/20/41.

L. Bryant

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Power

Certificate No. 85272
Date Filed Dec. 3, 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Unnamed Kuck (Name on original certificate) who was born (Was born or died) on Oct. 9, 1920 (Date of event)

in Power County, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Arthur George Kuck
Sex of Child	Female	Male

Subscribed and sworn to before me this 25th day of October, 1941

T E St John

Notary Public, residing at American Falls

My commission expires Sept 8, 1945

[SEAL]

Signed Christian Kuck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~Chris Kuck~~
(Street Address, City, State)
American Falls, Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Power

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 1941

T E St John

Notary Public, residing at American Falls

My commission expires Sept 8, 1945

[SEAL]

Signed M. Gonansen
(Signature of any credible person other than the previous affiant.)

American Falls, Idaho
(Street Address, City, State)

Received for filing on _____ By _____ (Registrar's signature)

NOV 26 1943

FEB 22 1944

418-108-039-617

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85273

County of Power

City of .....

No. ..... St.

Hospital .....

Registration District No. 25

File No. 3

Primary Registration District No. 2072

Registered No. 235

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 8 1920

FATHER		MOTHER	
FULL NAME	Gottlieb G. Mayer	FULL MAIDEN NAME	Anna Wagahutte
RESIDENCE	Power Co	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 7:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schulz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ames Falls Ida

Filed 12-3 1920 R. J. Nott

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1967

415-205-039-812

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Lava Falls

No. ..... St.

Registration District No. 25 File No. 85274

Primary Registration District No. 2072 Registered No. 234

Hospital .....

FULL NAME OF CHILD Lisetta J. Daniels

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 5 1920

FATHER		MOTHER	
FULL NAME	Albert C Daniels	FULL MAIDEN NAME	Lizetta Hasenpflug
RESIDENCE	Pocatello Ida	RESIDENCE	Lava
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4a M. on the date above stated.

(Born alive or still)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Address Lava Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-3-1920 R. F. North Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1945

295-103-039-577

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

Registration District No. 25

File No. 85275

No. ..... St.

Primary Registration District No. 2072

Registered No. 233

Hospital Harold

FULL NAME OF CHILD ~~Hardy~~ Breding

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct 3 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hardy G Breding	FULL MAIDEN NAME	Edith K Eggers
RESIDENCE	Amer Falls	RESIDENCE	Amer. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ger.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address American Falls

Filed 12-3 1920 R. J. Noth

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Amer. Falls

No. ..... St.

Hospital .....

Registration District No. 25 File No. 85276

Primary Registration District No. 2072 Registered No. 232

FULL NAME OF CHILD Jameson Arthur Minnen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Sept 9 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Minnen	FULL MAIDEN NAME	Mary Handschilds
RESIDENCE	Amer Falls	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Schultz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Amer. Falls, Ida

Filed 12-3 1920 R. F. Noth

Registrar

Registrar

MAIL OR DELIVER THIS CERTIFICATE TO DEPARTMENT OF HEALTH AND SANITATION, SPOKANE, W.

PLACE OF BIRTH

County / City: Murray Idaho / SPOKANE

~~Washington State Board of Health~~

BUREAU OF VITAL STATISTICS

Registered No. 85277

CERTIFICATE OF BIRTH

Registration District No. 2

695-217-040-36

(Give name of hospital here if born in hospital.) (No. ....., ... St.,

FULL NAME OF CHILD Lois victory Finch

(If stillborn, substitute the word "Stillbirth" for name of child)

1920

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 Yes
Girl	1		first	yes	sep 17 Friday

FATHER

Full Name: Jesse Edward Finch

Residence: murray Idaho

Color: white

Age at last Birthday: 31 (Years)

Birthplace (State or Country): Garfield wash

Occupation: cook

MOTHER

Full Maiden Name: Ethel maud Low

Residence: murray Idaho

Color: white

Age at last Birthday: 27 (Years)

Birthplace (State or Country): Ritzville wash

Occupation: Housewife

Number of child of this mother: 1

Number of children, this mother, now living: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on sep 17, 1920, at 5.15 ~~A.M.~~ P.M.

Signature Mrs G C Benton

3104 w 18 ave

(~~Physician~~ or Midwife)

Address Spokane wn

Filed Sept 27 1920

Chas R Mowry

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

.....

Registrar.

†Indicate which by drawing line through superfluous word.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

☞ NOTE: Please write all names distinctly, with their correct spelling.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. File No. 85278

No. St.

Hospital Providence Primary Registration District No. Registered No.

FULL NAME OF CHILD Franklin Potter Parker

Sex of Child M Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes Date of Birth [illegible] (Month) (Day) 19 20 (Year)

FATHER		MOTHER	
FULL NAME	James Benjamin Parker	FULL MAIDEN NAME	Ethel Mae Potter
RESIDENCE	City	RESIDENCE	City
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Portland Ore	BIRTHPLACE	Park City Utah
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

19 Address Wallace Ida

Registrar. Filed 19 Registrar.

SEP 17

915-128-040-319

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 20 File No. 85279

No. St.

Hospital Providence Primary Registration District No. 10 Registered No. 47

FULL NAME OF CHILD Charles Henry Randall

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Sept 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nathan Henry Randall	FULL MAIDEN NAME	Dora Carson
RESIDENCE	City	RESIDENCE	City
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE		BIRTHPLACE	Wash
OCCUPATION	Manager W U Telegraph	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report.

19

Address City

Registrar.

Filed Nov 1 1920 F L Tenny

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-126-0040-613

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 70 File No. 85280

No. ____ St. 19

Hospital Providence Primary Registration District No. 701 Registered No. 48

FULL NAME OF CHILD John Natzo Keller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	and		Yes	Sept 26 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Keller	Minnie Natzo
RESIDENCE	City	City
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	32
BIRTHPLACE	Mo	Iowa
OCCUPATION	Millman	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C D Mowery
Physicians
(Physician or midwife)

Given names added from a supplemental report.

19 Address City

Registrar.

Filed Sept 30 1920 Chas D Mowery
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1944

557-212-040-354

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 70 File No. 85281

No. ____ St.

Hospital Providence Primary Registration District No. 2011 Registered No. 49

FULL NAME OF CHILD Marie Olga Engebretsen

Sex of Child F | Twin, Triplet or other? | and | Number in order of birth | Legitimate? Yes | Date of Birth (Month) Sept (Day) 12 (Year) 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Engebretsen	FULL MAIDEN NAME	Bertha LeDuzet
RESIDENCE	Rose Lake Ida	RESIDENCE	Rose Lake Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	France
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 6 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physicians City

(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar.

Address ____

Filed Nov 19 20

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1943

SEP 23 1968

613-105-040-352

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 85282

No. St.

Hospital Providence Primary Registration District No. 1911 Registered No. 50

FULL NAME OF CHILD John Peter Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 5 1920

FATHER		MOTHER	
FULL NAME	Peter Adam Walker	FULL MAIDEN NAME	Marie Julia Le Saux
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	France
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician

(Physician or midwife)

Given names added from a supplemental report.

19 Address City

Registrar. Filed Nov 1 1920 F. D. [illegible] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1951

351-226-040-468

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 85283

No. St.

Primary Registration District No. 1010 Registered No. 51

Hospital Providence

FULL NAME OF CHILD Mary Alice Leary

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Oct 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dan J. Leary	FULL MAIDEN NAME	Sarah Doyle
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive at 10A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report.

Address Wallace Ida

19

Registrar.

Filed Nov 1 1920 F. L. Tinsley Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of SHOSHONE } ss.

Certificate No. 85285

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for MARY ALICE O'LEARY (Name on Original Certificate) who WAS BORN (Was Born or Died) on 10/26/20 (Date of Event)
in WALLACE IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	O'Leary	Leary

Subscribed and sworn to before me this 22 nd
day of September, 1942
Ilda Chandler
Notary Public, residing at Wallace
My commission expires Oct 28, 1944
(Seal)

Signed Dan Leary
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 nd
day of September, 1942
Notary Public, residing at Wallace
My commission expires Oct 28, 1944
(Seal)

Signed L. J. Randell
(Signature of Any Credible Person Other Than Previous Year)

Wallace Idaho
(Street Address, City, State)

259-164-040-433

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 70 File No. 85284

No. ..... St.

Hospital Providence Primary Registration District No. 1011 Registered No. 52

FULL NAME OF CHILD Leo Kerkes

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Nov 4 1920

	FATHER	MOTHER
FULL NAME	John P. Kerkes	FULL MAIDEN NAME Marion Theresa McCormick
RESIDENCE	Burke Ida	RESIDENCE Burke Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	25 (Years)
BIRTHPLACE	Austria	BIRTHPLACE Canada
OCCUPATION	Miner	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:30 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Dec 1 20 [illegible]

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K K

MAR 4 1942

169-218-040-689

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Sunset

No. ..... St.

Hospital .....

Registration District No. 122 File No. 85285

Primary Registration District No. 2200 Registered No. 200

FULL NAME OF CHILD Jean Jordan

Sex of Child F | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Jordan	FULL MAIDEN NAME	Beatrice Whittaker
RESIDENCE	Sunset Ida	RESIDENCE	Sunset Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Alabama
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wallace Ida

Filed Sept 20 1920 H. C. Mowery Registrar

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1942

315-204-040-796

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. _____ St.

Hospital Providence

Registration District No. 122

File No. 85286

Primary Registration District No. 2200

Registered No. 199

FULL NAME OF CHILD Barbara Louise Lane

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Fem	✓		✓	Yes	Sept 4 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas William Lane	FULL MAIDEN NAME	Ethel Gwendolyn Grow
RESIDENCE	Burke Ida	RESIDENCE	Burke
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 9/10 1920 H. C. Mowery Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1967

452-220-040-212

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

Registration District No. 122

File No. 85287

No. ....., ... St.

Primary Registration District No. 2200

Registered No. 201

Hospital .....

FULL NAME OF CHILD Flossie Loraine Messer

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F	One	and	Y	Sept 20, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Roy Messer	FULL MAIDEN NAME	Violet Baker
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Burke Ida

Filed 9/25 1920 H C Mowery

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 8 1963

314-219-040-764

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

No. ....., ... St.

Hospital .....

Registration District No. 122 File No. 85288

Primary Registration District No. 2200 Registered No. 202

FULL NAME OF CHILD Elsie Campbell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	Twin	2nd	F	Oct 19, 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Campbell	FULL MAIDEN NAME	Lucy Godwin
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Teamster	OCCUPATION	Housecarpe

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address Bonners Ferry

Filed 10/20 1920 H. C. Mowery

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 4 1943

DECEASED

314-219-040-764

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 127 File No. 85289

Primary Registration District No. 1200 Registered No. 203

FULL NAME OF CHILD Ellen Campbell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	1st	Y	Oct 19 1920

FATHER		MOTHER	
FULL NAME	Roy Campbell	FULL MAIDEN NAME	Lucy Godwin
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Teamster	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. A. Ettman

(Physician or Midwife)

Address Burke Ida

Given name added from a supplemental report

....., 19.....

Filed 10/20 19 20 H. A. Mowery

Registrar

.....

Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each child the number of each, in order of birth stated

JAN 12 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-221-040-313

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85290

County of ~~B.C.~~ Shoshone

City of ~~[illegible]~~ Kellogg

Registration District No. 123 File No. 46

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital Hardin

FULL NAME OF CHILD — — ~~[illegible]~~ Marjory McLeod

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	yes	6 21 1920

FATHER		MOTHER	
FULL NAME	Robert McLeod	FULL MAIDEN NAME	Violet Tallon
RESIDENCE	Rossland B.C.	RESIDENCE	Rossland B.C.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Washington	BIRTHPLACE	B.C.
OCCUPATION	Bookkeeper, Store	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg, Ida.

Filed 9/21 1920 Geo. S. Lasher

Registrar

Registrar

493-125-041-314

Form V. S. No. 11-[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Registration District No. 77 File No. 85291

Primary Registration District No. 2176 Registered No. 149

Hospital .....

FULL NAME OF CHILD Calvin Earl Mickell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 25 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Calvin Earl Mickell	Olive Cundiff Campbell
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Rancherman	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Calvin ....., at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician

(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

..... 19.....

Filed Dec 8th 1920 Martha Marker
Registrar

..... Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-115-041-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77

File No. 85292

Primary Registration District No. 2176

Registered No. 150

FULL NAME OF CHILD Loyd Ivan Hatch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ivan Hite Hatch	FULL MAIDEN NAME	Unice Hanna Curtis
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	~~[illegible]~~ Idaho	BIRTHPLACE	Idaho
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Drigg Idaho

Filed Dec 8th 1920 Martha Marker

Registrar

Registrar

UNFADING INK THIS IS A PERMANENT RECORD

...e of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944 - 101 - 041 - 215

PLACE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 85293

Primary Registration District No. 2176 Registered No. 151

FULL NAME OF CHILD ..... Rudolph .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Dec. 1 1920

FATHER	MOTHER
FULL NAME Otto F Rudolph	FULL MAIDEN NAME Frances L Lauritzen
RESIDENCE Tetonia	RESIDENCE Tetonia
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. Culbertson

Physician

(Physician or midwife)

Address Teton Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 8 1920 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RUDOLPH

614 - 224-041-753

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77

Primary Registration District No. 2176

File No. 85294

Registered No. 152

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	Nov. (Month) - 24 (Day) - 191 (Year)

FATHER		MOTHER	
FULL NAME	Malcolm L. Waddell	FULL MAIDEN NAME	Hilda Peterson
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 80 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn-child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culberson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Driggs Idaho

Filed Dec 8th 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

997-112-041-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77 File No. 85295

No. ..... St.

Primary Registration District No. 2176 Registered No. 133

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 12 1920

FATHER		MOTHER	
FULL NAME	James E. Rigley	FULL MAIDEN NAME	Effie Morgan
RESIDENCE	Driggs Idy	RESIDENCE	Driggs Idy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas [illegible]

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address [illegible]

Registrar

Filed 11/16 1920 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-215-041-413

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Teton

City of Bates

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 85296

Primary Registration District No. 2176 Registered No. 134

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Farbush	FULL MAIDEN NAME	Blanche Mackley
RESIDENCE	Bates Ida	RESIDENCE	Bates, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Dingle Ida

Filed 11/16th 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-215-041-449

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 85297

Primary Registration District No. 2176 Registered No. 132

FULL NAME OF CHILD Reva Woolstenhulme

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Oct 15 1920

FATHER		MOTHER	
FULL NAME	Samuel Woolstenhulme	FULL MAIDEN NAME	Elizabeth Murphy
RESIDENCE	Driggs Idaho	RESIDENCE	Driggs Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 30' M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Idaho

Filed 11/16 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-108-041-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77 File No. 85298

No. ..... St.

Primary Registration District No. 2176 Registered No. 131

Hospital .....

FULL NAME OF CHILD ROBERT Ulrich Schiers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 8 1920

FATHER		MOTHER	
FULL NAME	Charles W. Schiers	FULL MAIDEN NAME	Laura Weeks
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Ida

Filed 11/16 1920 Martha Marker Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1943

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Victor
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 6 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Victor
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? lifetime yrs.

3. **RESIDENCE OF FATHER** (city, state) Victor, Idaho

4. **FULL NAME OF CHILD** Robert Ulrich Schiers

5. Date of Birth of Child (Month, day, year) Nov. 8, 1920

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Ulrich Schiers
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Victor, Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business None specific

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Grace Weeks
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Irwin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child two ~~(b) Born alive and now living~~ two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Cache } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 22 years, and that Dr. Charles Martin (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 109, 1937 Session Laws.

Laura Grace Schiers Signature
347 W. 3rd north P. O. Address

Subscribed and sworn to before me this 26th day of October, 1943

(SEAL) N J Crookston Co. Clerk: W Nielsen Deputy, ~~Notary Public~~, residing at Logan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 151, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-203-041-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77 File No. 85299

Primary Registration District No. 2176 Registered No. 129

FULL NAME OF CHILD Venice Bagley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	yes	Sept. 3 1920

FATHER		MOTHER	
FULL NAME	Fred Bagley	FULL MAIDEN NAME	Florence Lucile Peterson
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Charleston	BIRTHPLACE	Logan
OCCUPATION	Farming	OCCUPATION	House Keepings

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Grazing Idaho

Filed 11/16 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 1973

968-124-041-493

Form V. S. No. 11-C--25m-7-21-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77 File No. 85300

No. ..... St.

Primary Registration District No. 2176 Registered No. 130

Hospital .....

FULL NAME OF CHILD Marla Johnson

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct. 24 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Johnson	FULL MAIDEN NAME	Polly Miller
RESIDENCE	Victor Idy	RESIDENCE	Victor Idy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Victor Idy

Registrar

Filed 11/16 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 3 1967

JUN 20 1952

OCT 15 1942

666-223-041-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 85301

Primary Registration District No. 2176 Registered No. 135

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Elba Troop	FULL MAIDEN NAME	Elsie Mickles
RESIDENCE	Driggs, Fla	RESIDENCE	Driggs Fla
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. J. Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

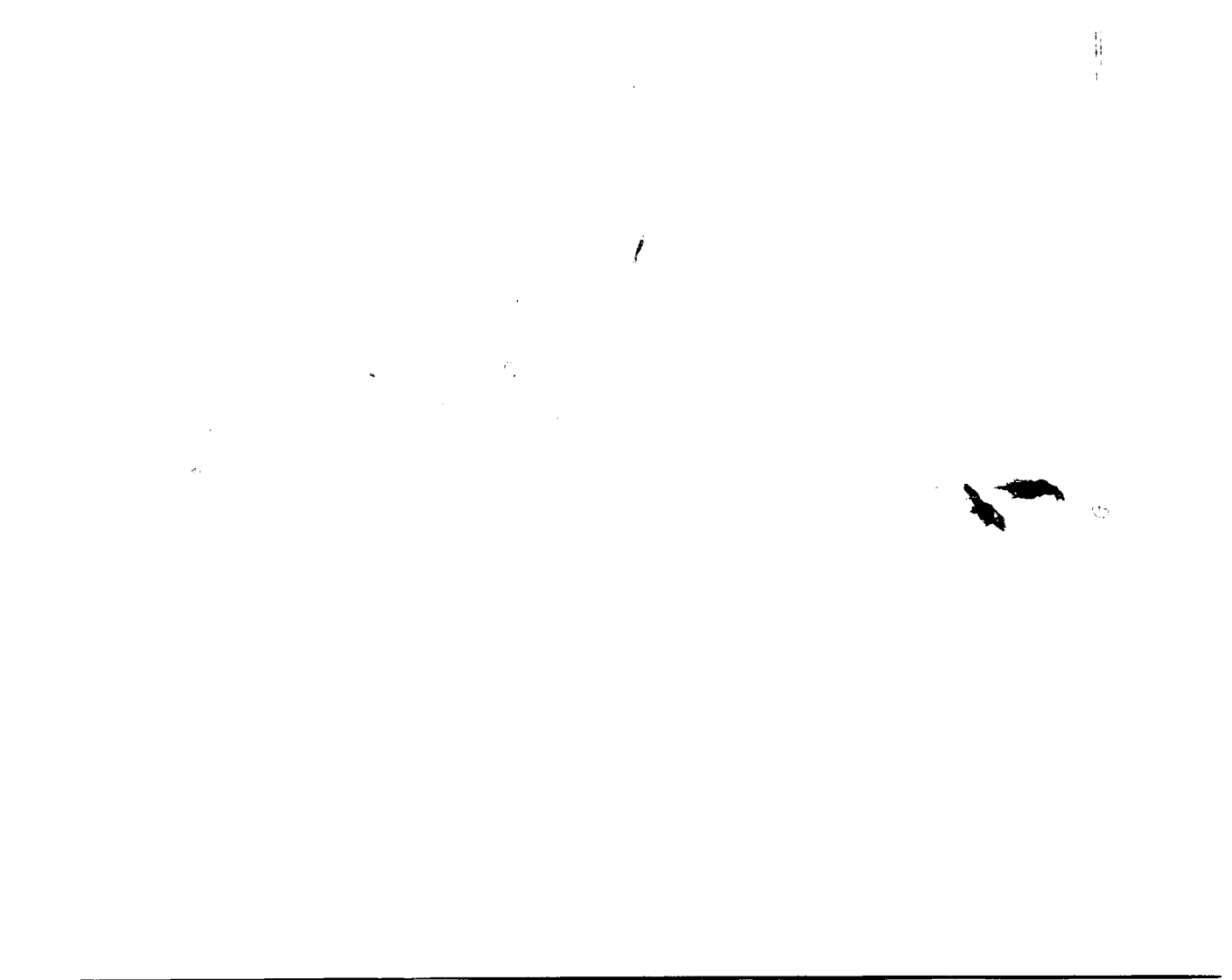
Address Driggs

Filed Dec 1st 1920 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



666-227-04-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Teton

City of Dugg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 85302

Primary Registration District No. 176 Registered No. 136

FULL NAME OF CHILD Donna Wood

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Acel Wood	FULL MAIDEN NAME	Elvan Clark
RESIDENCE	Dugg, Ida	RESIDENCE	Dugg, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	White
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Dugg Ida

Filed Dec 1st 1920 Martha Marker

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-221-041-251

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Idaho

City of Duggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 85303

Primary Registration District No. 2176 Registered No. 137

FULL NAME OF CHILD Sarah Estel Jackson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Shirley Jackson	FULL MAIDEN NAME	Josie Beard
RESIDENCE	Duggs Ida	RESIDENCE	Duggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	State	BIRTHPLACE	State
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address [illegible]

Filed Dec 1st 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-221-041-365

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 85304

Primary Registration District No. 2176 Registered No. 138

FULL NAME OF CHILD Bernice Nelson

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Aug (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Kendette Nelson	FULL MAIDEN NAME	Lietha Cover
RESIDENCE	Driggs Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Ida

Filed Dec 1st 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1944

299-124-041-445

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Felt

Registration District No. 77 File No. 85305

No. ____ St.

Primary Registration District No. 2176 Registered No. 139

Hospital ____

FULL NAME OF CHILD Eddie J. Burnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 24 1920

	FATHER	MOTHER
FULL NAME	Herman C Burnston	FULL MAIDEN NAME Lorraine Dunbar
RESIDENCE	Felt Ida	RESIDENCE Felt Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Marker

(Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec 1st 1920 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-221-041-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Felt

No. ..... St.

Hospital .....

Registration District No. 77 File No. 85306

Primary Registration District No. 2176 Registered No. 140

FULL NAME OF CHILD Marian Josephine McChesney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	July (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Glenn D. McChesney	FULL MAIDEN NAME	Eva Josephine Annis
RESIDENCE	Felt	RESIDENCE	Felt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Waverley, Wash.	BIRTHPLACE	Alderton, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Dugas Ida

Filed Dec 1st 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-218-04/-751

Amended 4-9-64

(Be sure the information is complete and accurate)

State File No. 85307
Local Reg. No. 141
Reg. Dist. No. 77

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clawson
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clawson
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Virginia
b. (Middle): Louisa
c. (Last): Ricks

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) July (Day) 18, (Year) 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Frank
b. (Middle):
c. (Last): Ricks

8. COLOR OR RACE: White

9. AGE (At time of this birth): 29 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Rexburg, Ida.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Vivian
b. (Middle): L.
c. (Last): Peacock

13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Logan, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Chas. J. Martin

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Driggs, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Dec. 1, 1920

20. REGISTRAR'S SIGNATURE: Martha Marker

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85307

Date Filed .....

RECEIVED APR 9 1964 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Virginia Louisa Richs (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1920 (Date of Event)
in Clawson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name of Child	Richs	Ricks
Last Name of Father	Richs	Ricks

Subscribed and sworn to before me this 30 day of March, 1964

Notary Public, residing at Preston, Idaho
My commission expires March 7-1966
(Seal)

Signed Norman Poulsen Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of March, 1964

Notary Public, residing at Preston, Idaho
My commission expires March 7-1966
(Seal)

Signed Byron J. Cutler
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 2-3-61. one copy pd. receipt #11264.

Father's Death Cert. on file: (Idaho Death) #49043 gives full name as Frank Ricks, died March 21, 1925, born Jan. 11, 1891 ~~at~~ in Idaho - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #29238 gives full name of father as Frank Ricks - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #49-01009 gives full maiden name of mother as Virginia I. Ricks - viewed by V.S.

L.D.S. Church Record, Duplicate Membership) gives full name as Virginia Louise Ricks Linsenmann (Linsenmann is married name) born July 18, 1920 at Clawson, Idaho to Franklin Ricks and Vivian Peacock - blessed Nov. 6, 1920,; baptized & confirmed July 18, 1928 and Aug. 5, 1928 - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Teton

City of Clawson

No. ..... St.

Hospital .....

Registration District No. 77 File No. 85307

Primary Registration District No. 2176 Registered No. 141

FULL NAME OF CHILD Virginia Louisa Rucks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 18 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Rucks	FULL MAIDEN NAME	Susan L. Peacock
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Rexburg Ida	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P.M. July 11 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Ida

Registrar

Filed Dec 1st 1920 Martha Marker Registrar

MAY 13 1964

843-224-041-435

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 85308

Primary Registration District No. 2176 Registered No. 142

FULL NAME OF CHILD Elsie Hulet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	July 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Francis Elgin Hulet,	Ella McEwan
RESIDENCE	Driggs Ida	Driggs Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28.	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Chas J Hart

Physician

(Physician or midwife)

Address Driggs Ida.

Filed Dec 1st 1920 Martha Marker

Registrar

238-228-041-813

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Teton

City of [illegible]

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 85309

Primary Registration District No. 2176 Registered No. 143

FULL NAME OF CHILD Willa Ruth Schlarbaum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur F. Schlarbaum	FULL MAIDEN NAME	Jesse May Hall
RESIDENCE	Chapin Idaho	RESIDENCE	Chapin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address [illegible]

Filed Dec 1st 1920 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

246-224-041-712

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 85310

Primary Registration District No. 2176 Registered No. 144

FULL NAME OF CHILD Donna La Grace Sewell

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth July (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm. James Sewell,	FULL MAIDEN NAME	Claire Gustavson
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah,	BIRTHPLACE	Utah,
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Ida

Registrar

Filed Dec 1st 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. 863-123-041-231 St.

Registration District No. 77 File No. 85311

Primary Registration District No. 2176 Registered No. 145

Hospital

FULL NAME OF CHILD Jay Blair Hochstrasser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Earl Fullmer Hochstrasser	FULL MAIDEN NAME	Kathleen ~~Hochstrasser~~ Blair
RESIDENCE	Tetonia, Ida	RESIDENCE	Tetonia, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Providence Ut.	BIRTHPLACE	Haden, Idaho
OCCUPATION	Blacksmith	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Driggs Ida

Filed Dec 1st 1920 Martha Marker
Registrar

PLACE OF BIRTH

795-101-041-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. 85312

Primary Registration District No. 2176 Registered No. 147

FULL NAME OF CHILD Lyle Young Greene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Young Greene	FULL MAIDEN NAME	Abigail Marker
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Ida

Filed Dec 7th 1920 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 2[illegible]9. 5M-12-1

STATE OF IDAHO

85312

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth

City Driggs

Street and House No.

County Teton Idaho

Registered No. 147

Registration Dist. No. 77

Sex of Child Male

Date of Birth December 1st 1920
MONTH DAY YEAR

Father Celonzo Young Greene
FULL NAME

Mother Abigail [illegible]
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Lyle Young Greene
GIVEN NAME IN FULL SURNAME

as reported by Mother
FATHER OR MOTHER

Mrs. Martha Marker
LOCAL REGISTRAR

JAN 1 0 1968

FEB 1 6 1995

243-101-041-113 name added 5/13/80

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Clawson

No. ..... St.

Hospital .....

Registration District No. 77 File No. 85313

Primary Registration District No. 2176 Registered No. 148

FULL NAME OF CHILD Wallace Troy Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Marion Butler	FULL MAIDEN NAME	Ethel Jackson
RESIDENCE	Clawson Ida	RESIDENCE	Clawson Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cuzzy Ida

Filed Dec 7th 1920 Martha Marker Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-2-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 11 1 21 PM '80

State of _____ } ss.
County of _____

Certificate No. 85313
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Butler (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 1, 1920 (Date of Event)

in Clawson (Teton) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Wallace Troy Butler

Subscribed and sworn to before me this eighth day of April, 1980.

Notary Public, Melvin W. Merrick

Residing at Tetonia, Id. Rt-1, Box 82-B

My commission expires 12 Feb. 1982

(Seal)

Wallace Troy Butler
Signature of Applicant

RFD #1 Box 31 Tetonia, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Own daughter's birth certif on file in Idaho (#405751) gives name as DeAnn Butler born April 22, 1945 in Driggs, Idaho. father's nameas Wallace Troy Butler and Edith Barfuss. viewed by V. S.

Family Group record for Marion Wallace Butler and Ehtel Eliza Jackson. gives child's name as Wallace Troy Butler born Dec 1, 1920. viewed by V. S.

MAY 13 1980
JUN 11 1980

251-107-04/-666

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

Registration District No. 23 77

File No. 85314

No. ..... St.

Primary Registration District No. 2176

Registered No. 146

Hospital At Home.

FULL NAME OF CHILD George Thomas Beard.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 7 1920

FATHER		MOTHER	
FULL NAME	James T. Beard Jr.	FULL MAIDEN NAME	Rachel E. Woodstenhulme
RESIDENCE	Tetonia Idaho.	RESIDENCE	Tetonia Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Francis Utah
OCCUPATION	Farming	OCCUPATION	house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present births 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Geo. J. Martin M.D.
(Physician or midwife)

Address Driggs Ida

Filed Dec 9th 1920

Martha Marker
Registrar

869-216-042-316

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Kimberly, Registration District No. 36 File No. 85315

No. ____ St.

Hospital home Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Lila Grace Horn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Nov. 16, 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harrison Horn	Sophia Lawing
RESIDENCE	Kimberly, Idaho	Kimberly, Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	30 (Years)	20 (Years)
BIRTHPLACE	Tenn	Tenn
OCCUPATION	laborer	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Green

physician
(Physician or midwife)

Address Kimberly, Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Nov. 22, 1920

J. W. [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-102-042-964

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Kimberly

No. ..... St.

Hospital home

Registration District No. 36

File No. 85316

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robert George Peck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Nov. 2, 1920

FATHER	MOTHER
FULL NAME: George C. Peck	FULL MAIDEN NAME: Marry C. Roddy
RESIDENCE: Kimberly, Ida.	RESIDENCE: Kimberly, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Colo.
OCCUPATION: farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

physician
(Physician or midwife)

Address Kimberly, Idaho.

Given names added from a supplemental report.

19 .....

Registrar

Filed Nov. 12, 20

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. 1942 Certificate No. 85316
County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Frank George Peck (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on November 3 - 1920 (DATE OF EVENT)
in Kimberly, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Frank George Peck	Robert George Peck

Subscribed and sworn to before me this 3rd
day of January 1942

F W Black
Notary Public, residing at Twin Falls, Ida
My commission expires January 16 - 1944
(SEAL)

Signed Mrs. Velma Roddy Hinz (Aunt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
428 Ash, Twin Falls, Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of January 1942

F W Black
Notary Public, residing at Twin Falls Ida
My commission expires January 16 1944
(SEAL)

Signed Earl R. Hinz
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
428 Ash St. Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on Jan 5 1942 By .....
(REGISTRAR'S SIGNATURE)

114-114-042-813

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Kimberly,

No. ..... St.

Hospital home

Registration District No. 36

File No. 85317

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robert Lloyd James

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 14, 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd James	FULL MAIDEN NAME	Bessie Marie Halferty
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Warris

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kimberly, Idaho

Filed Nov. 20, 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519 - 230 - 042 - 713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36 File No. 85318

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital home

FULL NAME OF CHILD Erma Helen Nail

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov. 30. 1920.

FATHER	MOTHER
FULL NAME: Thomas V. Nail	FULL MAIDEN NAME: Dora May Palm
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ark.	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

(Signature) [signature]

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Nov. 30 1920

[signature]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 5 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 15 1967 Bureau of Vital Statistics

State of Idaho } ss.
County of Twin Falls

Certificate No. 85318

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Nail (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1920 (Date of Event) in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible & Military Record (Bible Record, Insurance Policy, Etc.) prepared on 6-12-67 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Erma Helen Nail

Subscribed and sworn to before me this 12 Th day of June 1967

Reuben D. McKinney

Notary Public, residing at Kimberly, Idaho

My commission expires May 2, 1969

(Seal)

Signed Mrs. Dora Nail

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

320 Center St. East, Kimberly, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 Th day of June, 1967

Reuben D. McKinney

Notary Public, residing at Kimberly, Idaho

My commission expires May 2, 1969

(Seal)

Signed Rae Buchanan

(Signature of Any Credible Person)

420 Center St. West, Kimberly, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 6-8-67. one copy pd.

Military Record, Certificate of Service, U.S. Army, date of entry , Sept. 15, 1944 gives full name as Erma H. Nail, born Nov. 30, 1920 at Kimberly, Idaho - viewed by V.S. date of sp separation: Oct. 23, 1946 -

AUG 30 1967

Photo Copy of Page from Family Bible, appears old and unalterd gives full name as Erma Nail, born Nov. 30, 1920 at Kimberly, Idaho - viewed by V.S.

Restricted Extract, War Department, Washington D.C., Aug. 22, 1944, Special Orders No. 201 - gives full name as 2D Lt. Erma Helen Nail - viewed by V.S.

Military Discharge, U.S. Army, dated May 26, 1947 gives full name as Erma Helen Nail - viewed by V.S.

493-12-5
027-391

PLACE OF [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of [illegible]

Registration District No. 36 File No. 85319

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital home

FULL NAME OF CHILD Clifford Wayne Mills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 25, 1920

FATHER

FULL NAME: Terry E. Mills

RESIDENCE: Eden mIdaho

COLOR: W

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Emilie May Crandall

RESIDENCE: Eden Idaho

COLOR: W

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Wash.

OCCUPATION: Hw.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) [signature]

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Nov. 30, 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

417-109-042-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls.

No. ..... St.

Hospital La Merced

Registration District No. 37

File No. 85320

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD ROBERT FRANKLIN MAGEL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 9 1920

FATHER		MOTHER	
FULL NAME	Benjamin F Magel	FULL MAIDEN NAME	Margaret Mary I Williams
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Auto Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls. Idaho

Filed Nov. 12 1920 J. A. Coughlin Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 194

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 85320

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Robert Franklin Magel (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov 9, 1920 (DATE OF EVENT) in Twin Falls Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Birth Reg Boise Ida (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 2, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Robert Franklin Magel
name of mother	Mary I. Williams	Margaret I. Williams

Subscribed and sworn to before me this 20 day of January, 1942

Myrtle Boston

Notary Public, residing at 4815 S Main La

My commission expires Apr. 5-1944

(SEAL)

Signed Robert Franklin Magel

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of January, 1942

Myrtle Boston

Notary Public, residing at 4815 S Main L.A. Cal

My commission expires Apr. 5-1944

(SEAL)

Signed Bette Magel Pene

(SIGNATURE OF ANY CREDIBLE PERSON, OTHER THAN PREVIOUS AFFIANT.)

7110 ~~Huntington Park~~ Middleton St. #7

(STREET ADDRESS, CITY, STATE)

Huntington Park, California

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

259-202-042-465

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 85321

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ollimae Knight

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct (Month) 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Thomas M. Knight	FULL MAIDEN NAME	Nettie Edith Montooth
RESIDENCE	Moscow Idaho	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ill
OCCUPATION	Student	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11-40 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kimberly Idaho

Filed Oct 22 1920 John F Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435 - 102 - 042 - 693

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 85322

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Philip Francis McElwain

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 2nd 1920

	FATHER	MOTHER
FULL NAME	Thos McElwain	FULL MAIDEN NAME Mary Williamson
RESIDENCE	Twin Falls Ida	RESIDENCE Twin Falls Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Scotstown Ireland	BIRTHPLACE Markfield Canada
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) John F Coughlin

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed Oct 29 1920 John F Coughlin

Registrar

JUL 13 1942

693-114-042-665

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 140 Addison Ave Est.

Hospital Cozy Est

Registration District No. 37 File No. 85323

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Robert Jerome Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct. (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Fred Williams	FULL MAIDEN NAME	Viola Wonacott
RESIDENCE	Sunnyside Idaho	RESIDENCE	Sunnyside Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Oregon
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Davis

Physician (Physician or midwife)

Address Kimberly Idaho

Filed Oct 29 1920 John F Coughlin Registrar

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR

568-227-042-251

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH Amended 11/6/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls. Registration District No. 37 File No. 85324

No. 140 Addison Ave. Est.

Hospital Cozy-est Sun. Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Margery Noh

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Oct (Month) 27 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Noh.	FULL MAIDEN NAME	Grace Kearley.
RESIDENCE	Three Creek. Id.	RESIDENCE	Three Creek. Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Nebraska	BIRTHPLACE	Tenn.
OCCUPATION	Stockman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C A Ames

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida

Filed Oct 29 1920 John F Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Rec'd 9-25-78

Certificate No. 85324

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Noh (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 27, 1920 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Margery Noh

Subscribed and sworn to before me this 20th day of September, 1978.

Robert A. Prentice

Notary Public, residing at Othello Wash. 99344

My commission expires July 24-1980

(Seal)

Signed Grace Kearsley Noh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x Box 154 Rogerson Idaho 83362
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Adams }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of September, 1978.

Robert A. Prentice

Notary Public, residing at Othello Wash. 99344

My commission expires July 24-1980

(Seal)

Signed Denton Kearsley
(Signature of Any Credible Person)

338 So. 10th Othello, Wa 99344
(Street Address, City, State)

FORM DH 60-155

CL 11/3/77

Sacrament of Holy Baptism from the Pligrim Lutheran churfh gives name as Margery Snow child of Harry and Grace Noh. born At Twin Falls, Idaho on Oct 27, 1920. Baptized Dec 15, 1963. viewed by V. S.

NOV © 1978

Diploma from Public Schools (Elementary) gives name as Margert Noh dated May 18, 1934. viewed by V. S.

819-128-042-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls.

City of Twin Falls.

No. 140 Addison Ave E, St.

Hospital Cozy-est

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 85325

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Harshaw William Sherwin Harshaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ira W. Harshaw	FULL MAIDEN NAME	Winnifred Williams
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Coughlin
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida

Filed Oct 29 1920 John F Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued. dp

495-230-042-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 85326

No. ____ St.

Primary Registration District No. 1085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Barbara Elaine Minnick

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 30 (Month) (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME William Minnick	FULL MAIDEN NAME Helen E Cole
RESIDENCE Twin Falls Ida	RESIDENCE Twin Falls Ida
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Cleveland Ohio
OCCUPATION City Clerk	OCCUPATION Home wife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) John F Coughlin

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed Oct 19 1920 John F Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1942

JUN 3 1942

SEP 24 1971

285-211-042-335

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 85327

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Alice Ester Shelley

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Oct 11 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Earle Shelley

RESIDENCE Twin Falls Ida

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Idaho

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Izzie Revenger

RESIDENCE Twin Falls Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Ohio

OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 45 M. on the date above stated.

(Signature) John F Coughlin

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed Oct 19 1920 John F Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

219-210-042-415

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 326 S Main St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 85328

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Francis La Bar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	B La Bar	FULL MAIDEN NAME	Gladdis Davis
RESIDENCE	326 S Main Twin Falls	RESIDENCE	326 S Main - Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mass
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E S Milford

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Nov 5 1920 J. F. Coughlin M.D.

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-117-042-389

PLACE OF BIRTH

Name added 5-22-81

[redacted] n V. S. No. 11-C—25m-9-8-17

[redacted]

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 85329

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD REX LE ROY CAMPBELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 17 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	W. L. Campbell	FULL MAIDEN NAME	Louisa Irene Christensen
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wyom	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 930p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Milford

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov 5 1920 J. T. Coughlin M. D. Registrar

STATE OF IDAHO

4-9-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 5 7 35 AM '81

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 85329
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Campbell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10-17-20 (Date of Event)

in Twin Falls (Twin Falls) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Rex Le Roy Campbell

Subscribed and sworn to before me this 28th day of April, 1981.
Notary Public, Gordon K. Rock
Residing at Sunset, Utah
My commission expires 12-20-81
(Seal)

Rex Le Roy Campbell
Signature of Applicant
6177 Rodeo Lane, 84121
Street Address, City, State
Salt Lake City, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April, 1981.
Notary Public, Gordon K. Rock
Residing at Sunset, Ut.
My commission expires 12-20-81
(Seal)

Genevieve P. Rawson
Supporting Signature
10 E. 1700 S. Bountiful, Utah 84010
Street Address, City, State

1 cc pd

Certificate of Blessing gives name as Rex. L. Campbell son of William Lewis Campbell and Louisia F. Christensen, born October 17, 1920, at Hansen, Idaho.
Blessed January 2, 1921, by Elder Ezra J. Campbell
Viewed by V.S.

MAY 22 1981

Insurance Policy issued by Lincoln National Life Ins. company gives name as Rex LeRoy Campbell, Policy number F 6052 24 62, issued Decmeber 11, 1972.
Birthdate October 17, 1920
Viewed by V.S.

415-224-042-394

PLACE OF BIRTH

Form V. S. No. 1-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of ..... Registration District No. 37 File No. 85330

No. ..... St.

Primary Registration District No. 1 9 7 5 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marjorie Danner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10 24 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gilbert A Danner	Lucille Tidwell
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Penn.	Utah
OCCUPATION	Clerk	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 7-30 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) T Emerson

(Physician or ~~midwife~~)

Address Twin Falls

Filed Nov 4 1920 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 5 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85330

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Danner (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 24, 1920 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Marjorie Danner

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Ida L. Danner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

360 W. 23rd St. San Bernardino Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Jesse L. Danner Jr. Musician
(Signature of Any Credible Person)

4938 Mt. Vernon San Bernardino Calif.
(Street Address, City, State)

FORM DH 60-155 CL 1/25/72 nm

Diploma from High School. San Bernardino Senior High School gives name as Marjorie Danner. Dated Jan. 26, 1939. Viewed by V. S.

FEB 25 1972

Certif. of Marriage from California gives groom's name as William Ronald Redmond, Jr. and the birde's name as Marjorie Danner. Dated March 9, 1940. Viewd by V. S.

Form 3001—(Individual) First American Title Company

STATE OF CALIFORNIA
COUNTY OF San Bernardino } ss.

On February 18, 1972, before me, the undersigned, a Notary Public in and for said State, personally appeared June Danner Minor

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Signature Darlene G. Perkins

Darlene G. Perkins
Name (Typed or Printed)

DARLENE G. PERKINS
NOTARY PUBLIC
SAN BERNARDINO COUNTY
CALIFORNIA
My Commission Expires March 21, 1972

(This area for official notarial seal)

STATE OF CALIFORNIA
COUNTY OF San Bernardino } ss.

On February 18, 1972, before me, the undersigned, a Notary Public in and for said State, personally appeared Ida L. Danner

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Signature Darlene G. Perkins

Darlene G. Perkins
Name (Typed or Printed)

DARLENE G. PERKINS
NOTARY PUBLIC
SAN BERNARDINO COUNTY
CALIFORNIA
My Commission Expires March 21, 1972

(This area for official notarial seal)

Form 3001—(Individual) First American Title Company

357-215-042-386

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 5 File No. 85331

Primary Registration District No. 17 Registered No. [redacted]

FULL NAME OF CHILD RAE VIRGINIA TESSIER

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	10 15 1920

FATHER	MOTHER
FULL NAME Harry A. Tessier	FULL MAIDEN NAME Lana Marie Thompson
RESIDENCE Twin Falls	RESIDENCE Twin Falls
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Ill
OCCUPATION Mechanic	OCCUPATION Hsf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4-30 A. M.
(Born alive or stillborn)
on the date above stated.

(Signature) T Swanson

(Physician or Midwife)

Address Twin Falls

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

Certificate No. 95331

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Rae Virginia Tessier (Birth or Death) for (Name on Original Certificate) who born (Was Born or Died) on Oct. 15, 1920 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surrame	Tessiur	Tessier
Name	Unnamed	Rae Virginia
Place	not given	Twin Falls, Idaho

Subscribed and sworn to before me this 26th day of March
day of March, 1943

Notary Public, residing at 106 Oregon Bld'g,

My commission expires April 2, 1944
(Seal)

Signed Laura M. Tessier
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9239 North Fairhaven, Portland, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 1 1943

943-121-042-294

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO *
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ....

City of .... Registration District No. 37 File No. 85332

No. .... St.

Primary Registration District No. 1052 Registered No. ....

Hospital ....

FULL NAME OF CHILD Floyd Wayne Rutter

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	10 21 1920

FATHER		MOTHER	
FULL NAME	Herbert D. Rutter	FULL MAIDEN NAME	Velma Simmons
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	Hat	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kan.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Hsf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ...., at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or ~~midwife~~)

Address Twin Falls

Given names added from a supplemental report.

.... 19....

Registrar

Filed Nov. 4 19 20 J. T. Longbottom

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 14 8 46 AM '76

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Tenn } ss.
County of Shelby }

Certificate No. 85332

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rutter (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1920 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Floyd Wayne Rutter

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Parents - deceased
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Tennessee } ss.
County of Shelby }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Sept, 19 76

Notary Public, residing at 6920 Brunswick Rd

My commission expires July 19 1977 Arlington In
(Seal)

Signed Wallace D Faulkenberry
(Signature of Any Credible Person)

8554 KERR-ROSEMARK RD
(Street Address, City, State)
MILLINGTON TENN.
38002

FORM DH 60-155 CL 8/28/75 nm

Social SecurityCard gives namea s Floyd Wayne Rutter, dated 1-12-37. #412-[illegible]300.
viewed by V. S.

SEP 2 8 1976

Selective service card gives name as Floyd Wayne Rutter. dated Feb16, 1946.
viewed by V. S.

SEP 2 8 1976

331-119-042-951

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 85333

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD CECIL KEITH CLAYCOMB

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 19 1920

FATHER		MOTHER	
FULL NAME	Cecil Donald Claycomb	FULL MAIDEN NAME	Elizabeth Reams
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W AGE AT LAST BIRTHDAY 19 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Utah.
OCCUPATION	Mechanic	OCCUPATION	Hosp.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 4-15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T S Wasson

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Nov. 4. 1920 J. T. Coughlin M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Union }

FEB 2 1942

Certificate No. 85333

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Name omitted (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 19, 1920 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Claycomb	Cecil Keith Claycomb

Subscribed and sworn to before me this 31st
day of January, 1942
Howard Carpenter
Notary Public, residing at LaGrande, Oreg
My commission expires 5/12/44
(SEAL)

Signed C. R. Claycomb
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1702 Oak St. LaGrande, Oreg.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Union }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st
day of January, 1942
Howard Carpenter
Notary Public, residing at LaGrande, Oregon
My commission expires 5/12/44
(SEAL)

Signed [signature]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
La Grande Rt
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By .....
(REGISTRAR'S SIGNATURE)

485-231-042-354

PLACE OF BIRTH

Form W. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 37 File No. 85334

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Dyer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Oct 21 1920

FATHER		MOTHER	
FULL NAME	Albert C. Dyer	FULL MAIDEN NAME	Pearl Templeton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

(Signature) H. W. Wilson M.D.

(Physician or midwife)

Address Twin Falls Ida

Filed Nov 6 1920

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-121-042-666

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 85335

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Johnson, Charles Francis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Oct 21 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo L Johnson	FULL MAIDEN NAME	Maria Wood
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Colo
OCCUPATION	rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Louchek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls, Idaho

Filed Nov 16 1920

J. [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85335

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Charles Francis Johnson

Subscribed and sworn to before me this 16 day of February, 19 42

Notary Public, residing at Boise Idaho

My commission expires 11-6-1944

(SEAL)

Signed Geo. L. Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 10 1992

213-114-042-755

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 138-7 N St.

Hospital

Registration District No. 37 File No. 85336

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Salliday.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L E Salliday.	FULL MAIDEN NAME	Belva Pierson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Glouchek

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls, Idaho.

Filed Nov 11. 1920

J. T. Conaulin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-113-042-367

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 37 File No. 85337

No. ..... St.

Hospital La Merced Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Edwin Leroy Wineteer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 13 1920

FATHER		MOTHER	
FULL NAME	Clarence R. Wineteer	FULL MAIDEN NAME	Grace Logan
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Col.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 midnight on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls

Filed Nov. 6 1920

T. J. Williams
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-218-042-864

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls.

City of Twin Falls.

No. 651-3 Ave. E. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 85338

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Bertha Lucile Schulz.

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Oct. 18. 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Frederick Wm. Schulz.	FULL MAIDEN NAME	Lila Roops Young.
RESIDENCE	651-3 Ave. E.	RESIDENCE	651-3 Ave. E.
COLOR	White. AGE AT LAST BIRTHDAY 37. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 26. (Years)
BIRTHPLACE	Westcliffe. Col.	BIRTHPLACE	Clinton, Missouri.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William F. Passer, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed Nov. 8. 1920 J. H. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-224-042-215

name added 11-26-84 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Twin Falls, Registration District No. 37 File No. 85339

No. ..... St. .....

Hospital La Merced Primary Registration District No. 2015 Registered No. .....

FULL NAME OF CHILD Elsie Virginia Tucker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 24 1920

FATHER		MOTHER	
FULL NAME	James A Tucker	FULL MAIDEN NAME	Elsie Savage
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:45 P.M. on the date above stated.
(Born alive or stillborn)

(Signature) Jos Boyd M.D.

Twin Falls Idaho

(Physician or midwife)

Address Twin Falls

Filed Nov. 8. 1920

J. H. Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 5 1972

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85339

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elsie Virginia Tucker

Subscribed and sworn to before me this 14th day of October, 1983

Betty R. Marstica

Notary Public, residing at ..... OREGON

My commission expires 2-16-86

(Seal)

Signed Damon W Savage

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Park Ave Nyssa, Ore 97913

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October, 1983

Notary Public, residing at Betty R. Marstica

My commission expires 2-16-86

(Seal)

Signed June S Hartley

(Signature of Any Credible Person Other Than Previous Year)

R 2 Box 4784

(Street Address, City, State)

Nyssa, Ore 97913

Decree of Probate lists daughter of Elsie M Tucker as Elsie Virginia Tucker age 2. Dated Jan 25, 1923. Viewed by V.S.

NOV 26 1984

Birth Certificate for Ellen Sue Ward born 9-18-52 in California lists mother as Elsie Virginia Tucker age 32 born in Idaho. Viewed by V.S.

462-128-042-942

Form V. S. No. 11-C—Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Country

No. ..... St.

Hospital A. House

Registration District No. 37 File No. 85340

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Ronald Edward Moss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept 28 1920

FATHER		MOTHER	
FULL NAME	Wm F. Moss	FULL MAIDEN NAME	Dora Russell
RESIDENCE	Twin Falls Co.	RESIDENCE	Twin Falls Co Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	West Virginia
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. A. Emery

Physician & Surg (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida.

Filed Nov 11 1920 J. H. Coughlin

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

SEP 20 1977

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Lane

Certificate No. 85340

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Moss (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept 28, 1920 (Date of Event)

in Twin Falls Co, Idahh (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Record Baptism Certificate (Bible Record, Insurance Policy, Etc.) 3/21/23 prepared on 1/6/29 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ronald Edward Moss

Subscribed and sworn to before me this 15th day of September, 19 77

Notary Public, residing at Brownsville, Oreg.

My commission expires 12/26/80

(Seal)

Signed X Mark Hopla

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

936 KIRK Ave

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September, 19 77

Notary Public, residing at Brownsville, Ore.

My commission expires 12/26/80

(Seal)

Signed X Constance Hopla

(Signature of Any Credible Person)

936 KIRK Ave.

(Street Address, City, State)

FORM DH 60-155

CL 8/30/77

Certif of Baptism and Confirmation from the LDS Church gives name as Ronald Edward Moss son of Wm. F. Moss and Dora Russell Born Sep. 28, 1920 at Twin Falls, Idaho. Baptized Jan 5, 1929. viewed by V. S.

OCT 24 1977

Family record gives name as Ronald Edward Moss born Sept. 28, 1920. father's name as William F. Moss and mother's name as Dora Hazel Russell. viewed by V.S.

928-127-042-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls, Idaho Registration District No. 37 File No. 85341

No. ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Guy Robert Ash

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	9 27 1920

FATHER		MOTHER	
FULL NAME	Leslie J. Ash	FULL MAIDEN NAME	Goldie Thomas
RESIDENCE	4 mi. E. 4 mi. S. Twin Falls	RESIDENCE	4 mi. E. 4 mi. S. Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denver, Colo.	BIRTHPLACE	Kellogg, Ida.
OCCUPATION	Hotel manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) H. H. Sawyer, D. C.

Twin Falls, Idaho
(Physician or midwife)

Address Twin Falls Idaho

Filed Nov 11 1920 J. K. Cougan Jr.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1953

418-129-042-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 85342

Registered No. .....

FULL NAME OF CHILD ..... JAMES DEAN DAY .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	10 29 1920

FATHER	MOTHER
FULL NAME: Wm Franklin Day	FULL MAIDEN NAME: Edna Pearl Hickman
RESIDENCE: 218 Jackson St Twin Falls, Ida	RESIDENCE: Twin Falls, Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Mt Airy, N Carolina	BIRTHPLACE: Stockton, Utah
OCCUPATION: Electrician	OCCUPATION: Housewife

Number of child of this mother, including present birth ... 1 ... Number of children of this mother now living, including present birth ... 1 ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. D. Maver

..... Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed Nov 11 1920

J. F. Longstaff Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 85342
County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Dean Day (unnamed) (Name on Original Certificate) who was born (Was Born or Died) on October 29, 1920 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	James Dean Day

Subscribed and sworn to before me this 16th day of June 1942.

Olga Ebertoft
Clerk of Probate Court
Notary Public, residing at Idaho Falls
My commission expires
(Seal)

Signed William F Day
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
335 - 11th St Idaho Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of June 1942

Olga Ebertoft
Clerk of Probate Court
Notary Public, residing at Idaho Falls Ida
My commission expires
(Seal)

Signed Wayne Hall
(Signature of Any Credible Person Other Than Previous Year)
Avalon Apts #13
(Street Address, City, State)
Idaho Falls Ida

JUN 11 1942

SEP 18 1950

JUN 16 1942

JUN 20 1942

897-130-042-693

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

File No. 85344

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD JAMES LEROY Higgins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	7	yes	Oct 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ruben Higgins	FULL MAIDEN NAME	Janet Wilson
RESIDENCE	Hollister	RESIDENCE	Hollister
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Main
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Myers

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed Nov 11 1920 J. F. Longwell

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 85344

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for James LeRoy Higgins (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 30, 1920 (DATE OF EVENT)
in Hollister, Idaho (PLACE OF EVENT) ~~the occurrence of~~ were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	James Leroy

Subscribed and sworn to before me this 24th day of February, 19 42.

Walter L. Musgrave
Notary Public, residing at Twin Falls, Idaho
County Recorder
~~My commission expires~~
(SEAL)

Signed Roy Higgins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt #2 Hansen Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 19 42.

Walter L. Musgrave
Notary Public, residing at Twin Falls, Idaho
County Recorder
~~My commission expires~~
(SEAL)

Signed Mrs. W. H. Munger
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

506 Buchanan St. Twin Falls Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

893-213-042-213

PLACE OF BIRTH

Name added 3-21-80

Form V. S. No. 11-G—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 85345

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Viola Ila Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Wm. F. Hill	FULL MAIDEN NAME	Ida Balls
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed Nov. 11 1920 J. F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/22/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 21 3 14 PM '80

State of _____
County of _____ } ss.

Certificate No. 85345
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Hill (Name on Original Certificate) who was born (Was Born, Died, etc.) on 10/13/20 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Hill	Viola Illa Hill

Subscribed and sworn to before me this 22nd day of January, 19 80.
Notary Public, Margaret Davis
Residing at Boise
My commission expires Lifetime
(Seal)

Mrs. Mable Weaver
Signature of Applicant
Rt #1 Box 10 B Star, Ida 83669
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 th day of February, 1980.
Notary Public, Ann Chandler
Residing at Rupert, Idaho
My commission expires life
(Seal)

Ethel J. Kent
Supporting Signature
RT 1 Heyburn Ida 83336
Street Address, City, State

Death certificate issued by State of Idaho 11/15/64 File #5128 in the name of Viola Ila Clifton (Maiden name Hill.) viewed by V.S.

Marriage certificate issued by County of Elko, State of Nevada gives name of bride as Viola Ila Hill of Filer, Idaho marriage took place April 1, 1947, in Nevada. Certificate # 8209. Certified copy issued March 4, 1980. Viewed by V.S.

485-119-042-753

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 85346

No. ..... St.

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD KENNETH ERWIN DYE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	10 19 1920

FATHER	MOTHER
FULL NAME: Wm. M Dye	FULL MAIDEN NAME: Beatrice Edna Peckham
RESIDENCE: Twin Falls, R.R. 3	RESIDENCE: Twin Falls, R R 3
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Kingman Co, Kansas	BIRTHPLACE: Antrim Co. Kan.
OCCUPATION: Farmer	OCCUPATION: Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Mavee

Physician

(Physician or midwife)

Address Smith-Rice Bldg-Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 11 1920 J. W. Longhurst

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 85346

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Dye (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 19th, 1920 (DATE OF EVENT)
in Twin Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Kenneth Erwin Dye

Subscribed and sworn to before me this 19th, day of February 1943

Notary Public, residing at Twin Falls

My commission expires Feb 18 1945

(SEAL)

Signed Mrs Beatrice Edna Dye Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OF OTHER CREDIBLE PERSON.)

Route 1 Twin Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th, day of February 1943

Notary Public, residing at Twin Falls

My commission expires Feb. 18 1945

(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 23 1943

231-227-042-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 85347

Registered No. .....

FULL NAME OF CHILD Marjorie Pearl Slatter

Sex of Child female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 10 (Month) 27 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Daniel B Slatter	FULL MAIDEN NAME	Emma Kaufman
RESIDENCE	Filer, Ida	RESIDENCE	Filer, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Seward Co, Neb	BIRTHPLACE	Miami Co, Ind
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls, Ida

Filed Nov 11 1920 J. F. Corigan

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85347

Date Filed .....

3 51 PM '77

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Slatter (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 27, 1920 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child;s name	Unnamed	Marjorie Pearl Slatter

Subscribed and sworn to before me this 1st day of April, 1977

Notary Public, residing at Nampa Idaho

My commission expires .....

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 3/24/77 Rush,

Very old baby picture gives name as Marjorie Pearl Slatter born October 27, 1920 viewed by V.S.

APR 12 1977

Child's birth certificate issued by the state of Idaho gives mother's name as Marjorie Pearle Slatter. viewed by X V.S.

764 - 120 - 042 - 299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

Primary Registration District No. 2085

File No. 85348

Registered No. .....

FULL NAME OF CHILD ..... William Kirk Pomeroy

Sex of Child: Boy

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: 10 (Month) 20 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: G E Pomeroy	FULL MAIDEN NAME: Lena Kirkpatrick
RESIDENCE: Hollister, Ida	RESIDENCE: Hollister, Ida
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Hancock Co. Ill.	BIRTHPLACE: Hancock Co
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth: 6 Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12:30 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Weaver

Physician (Physician or midwife)

Address Smith Rice Bldg. Twin Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 11 1920 J. K. Longacre Registrar

MAR 2 6 1973
APR 25 1955

369-221-042-795

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Amended 2/13/80

Hospital .....

Registration District No. 37

Primary Registration District No. 2085

File No. 85349

Registered No. .....

FULL NAME OF CHILD Margaret Mae Corak

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Marco Peter Corak	FULL MAIDEN NAME	Ethel Prentice
RESIDENCE	Hollister, Ida	RESIDENCE	Hollister, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Gospic, Austria	BIRTHPLACE	Kansas, Hutchinson
OCCUPATION	—	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed Nov 11 1920 J. F. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 1 5 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 24 11 26 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 85349

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Corak (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1920 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Margaret Mae Corak
sex	Male	female

Subscribed and sworn to before me this 29th day of September, 19 75
Rae Rowe
Notary Public, residing at Twin Falls
My commission expires 9-11-78
(Seal)

Signed Ethel J. Corak
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 1 Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of September, 19 75
Rae Rowe
Notary Public, residing at Twin Falls
My commission expires 9-11-78
(Seal)

Signed Florence C. Prentice
(Signature of Any Credible Person)
1732 N. El Paso
(Street Address, City, State)
Colo. Springs Colo. 80907

FORM DH 60-155 CL9/12/75

Child's birth certificate issued by St. Joseph's Hospital, Fairbanks, Alaska lists mother as Margaret Mae Corak. Certificate issued in the name of Deborah Kaye Choat on 4/10/55. viewed by V.S.

FEB 14 1980

Life Insurance Policy #978-68-49 NY was issued to Margaret M. Choat (married name of Margaret Mae Corak) on 2/17/71 viewed by V.S. 2/13/80

533-103-042-918

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 85351

No. ____ St.

Primary Registration District No. 2086

Registered No. ____

Hospital ____

FULL NAME OF CHILD Not Named Lee Roy Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Nov 3 1920

	FATHER	MOTHER
FULL NAME	Roy E Ellis	FULL MAIDEN NAME Elizabeth Ray
RESIDENCE	Filer, Idaho	Filer, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	31
BIRTHPLACE	Illinois	Missouri
OCCUPATION		H. Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 12 40 P.M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address Filer, Idaho

Given names added from a supplemental report.

....., 19....

.....
Registrar

Filed Nov 3 1920 Dr. A. A. Newberry
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1942

Ju. 30, 1940 L. T.

765-223-042-296

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 85352

No. ____ St.

Primary Registration District No. 2076

Registered No. ____

Hospital ____

FULL NAME OF CHILD Not Named. LOIS POND

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl.			yes.	11 23 1920

FATHER		MOTHER	
FULL NAME	A. E. Pond.	FULL MAIDEN NAME	Francis Brown.
RESIDENCE	Filer.	RESIDENCE	Filer.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Nebr.	BIRTHPLACE	Illinois
OCCUPATION	Rancher.	OCCUPATION	Wife.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was ____ at 7:40 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

* When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

(Signature) Dr. A. A. Newberry

(Physician ~~or midwife~~)

Address Filer Idaho

Filed 11-23- 19 20 Dr. A. A. Newberry

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 85352

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Buck (Birth or Death)
for (Name on Original Certificate) who was Born (Was Born or Died) on Nov 23 1920 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lois Pond

Subscribed and sworn to before me this 1st
day of Dec, 1942.
Notary Public, residing at Twin Falls Ida
My commission expires Jan 20, 1945
(Seal)

Signed C. R. Pond.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of Dec 1942
Notary Public, residing at Twin Falls Ida
My commission expires Jan 20, 1945
(Seal)

Signed X Frances Pond.
(Signature of Any Credible Person Other Than Previous Year)
Twin Falls Ida
(Street Address, City, State)

OCT 8 1974

DEC 4 1942

893-201-042-254

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. 9th St.

Hospital

Registration District No. 39 File No. 85353

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Jessie Estelle Hull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) – 1 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Vincent Lane Hull	FULL MAIDEN NAME	Louise Kemper
RESIDENCE	Buhl	RESIDENCE	Buhl.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas - U. S. A.	BIRTHPLACE	Missouri
OCCUPATION	Millworker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 7:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George B. Randall

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Address Buhl - Ida

Filed 11-5 1920 J. H. Murphy Registrar

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Ucz

814-201-042-764 name added 5/15/80

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 85354

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Luella Hamby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		2	yes	Nov. (Month) 1st (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew S Hamby.	FULL MAIDEN NAME	Susie A. Godsey.
RESIDENCE	Buhl. Ida.	RESIDENCE	Buhl. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh. M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl. Ida.

Filed 11-2 1920 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

3/27/80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
APR 21 1980
BUREAU OF
VITAL STATISTICS

State of _____ } ss.
County of _____

APR 21 7 26 AM '80

Certificate No. 85354 853
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Hamby (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11/1/20 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Hamby	Luella Hamby

Subscribed and sworn to before me this 1st day of April, 19 80.

Notary Public, Helen C Simmons

Residing at Cambridge Idaho

My commission expires 11-18 83

(Seal)

Luella Hamm
Signature of Applicant

PO Box 10 Meridale Ida
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Bible record ~~fxa~~ gives name as Luela Hamby born Nov 1, 1920
viewed by V. S.

Own daughter's birth certif on file in Idaho #324931 gives nameas Eva Lou Smith
born Oct 15, 1941. father's ~~af~~ name as Everet Merredith Smith and mother's
name as Luella Hamby. viewed by V. S.

MAY 15 1980

JUN 2 1980

319 - 202 - 042 - 493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford Registration District No. 39 File No. 85355

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Velma Lark

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) - 2 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	W. E. Lark	FULL MAIDEN NAME	Jessie Mill
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed NOV 30 1920 19.... J. F. Murphy Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1969

217-107-042-466

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Ida

Registration District No. 39 File No. 85356

No. ..... St.

Primary Registration District No. 2081 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Nov. 7 1920

FATHER		MOTHER	
FULL NAME	Joseph F. Sage	FULL MAIDEN NAME	Grace M. Moffat
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	W Yoming	BIRTHPLACE	Iowa
OCCUPATION	Transfer Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Nov. 7-1920, at 5-15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Irmen, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11-10 1920

J. H. Murphy
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281 - 213 - 042 - 454

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 85357

Primary Registration District No. 7087 Registered No. .....

FULL NAME OF CHILD Margaret Jannette Shanks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov. 13th (Month) (Day) 1920 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Arthur Shanks	Margaret McDonald
RESIDENCE	Buhl	Buhl
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Carleton Place, Canada	Sullivan, Ont. Canada
OCCUPATION	Baptist Minister	Pastors wife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Capitola Pust

Buhl Ida.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed NOV 30 1920 19.....

J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-107-042-815

PLACE OF BIRTH

Amended 1-7-60

County of Twin Falls

City of Buhl

No. Home St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 85358

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Wesley Orvil Fairchild
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Nov. 7, 1920

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Orvil Fairchild	FULL MAIDEN NAME: Ida Hansen
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Oakley, Idaho	BIRTHPLACE: Teton Basin
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00 p.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 11-15 1920 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Blessing, dated Jan. 3, 1921, gives name as Wesley Orvil Fairchild. viewed by V.S. Family Record Book, ~~MR~~ obviously old, gives name as Wesley Orvil Fairchild. Viewed by V.S. IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 85358

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Fairchild (Name on Original Certificate) who born (Was Born or Died) on Nov. 14, 1920 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed Fairchild	Wesley Orvil Fairchild
birth date	Novmeber 14, 1920	November 7, 1920

Subscribed and sworn to before me this 7 day of January, 19[illegible]

Notary Public, residing at Eagle, Idaho

My commission expires Feb. 28 1960

(Seal)

Signed Ida May Fairchild
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1952 Addison Ave. E. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County Twin Falls

City of Buhl

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 85358

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: male

Twin / Triplet or other? (To be answered only in event of plural births): Single

Number in order of birth: First

Legitimate? Yes

Date of Birth: Nov. (Month) 16 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Orril Fairchild	FULL MAIDEN NAME: Ida Hanson
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Oakley Idaho	BIRTHPLACE: Heaton Basin Idaho
OCCUPATION: Farmer	OCCUPATION: Home - wife

Number of child of this mother, including present birth: one Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 11-15 1920 J. H. Murphy Registrar

JAN 8 1960

238-115-042-295

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 85359

No. ____ St. — Primary Registration District No. 2081 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Albert Christian Schaefer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11 15 1920

FATHER

FULL NAME: H. G. Schaefer

RESIDENCE: Buhl

COLOR: White — AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Louise Beerhorst

RESIDENCE: Buhl

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) C. F. McClusky

(Physician or midwife)

Address Buhl Idaho

Filed NOV 30 1920, 19

J. T. Humphrey
Registrar

6/14/41 L. B.

75-9-116-042-965

PLACE OF BIRTH

Form V. [illegible] 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Registration District No. 39 File No. 85360

No. ..... St.

Primary Registration District No. 7087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Clay Perkins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	11 16 1920

FATHER		MOTHER	
FULL NAME	H. C. Perkins	FULL MAIDEN NAME	Ruth Roe
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Rail Road Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky Phys.
(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed NOV 30 1920 19.....

J. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1973

6-29-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 17 4 55 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85360

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Perkins (Name on Original Certificate) who was born (Was Born or Died) on November 16, 1920 (Date of Event)

in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record and School record (Bible Record, Insurance Policy, Etc.) prepared on Nov 20 1920 Bible record July 12th 1973 grade school record (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Robert Clay Perkins

Subscribed and sworn to before me this 16th day of July, 1973.

Notary Public, residing at Twin Falls, Idaho

My commission expires 1-6-76

(Seal)

Signed Mrs Ruth Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Children's names listed in family Bible gives name as Robert Clay Perkins born Dec. 21, 1918. Viewed by V. S.

JUL 30 1973

Transcript from Buhl Public Schools gives name as Robert Perkins. last date is 1933. date of birth given as 11-16-1920. Viewd by V. S.

764 - 117-042-632

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 85361

Primary Registration District No 7087 Registered No. .....

FULL NAME OF CHILD James Dale Gould

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11 18 1920

FATHER		MOTHER	
FULL NAME	Glen C. Gould	FULL MAIDEN NAME	Ruth Olsen
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. McClusky

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed NOV 30 1920

J. [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-117-042-399

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl Registration District No. 39 File No. 85362

No. ____ St.

Primary Registration District No. 2081 Registered No. ____

Hospital ____

FULL NAME OF CHILD Richard Harry Alexander

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	11 17 1920

FATHER		MOTHER	
FULL NAME	Chas. A. Alexander	FULL MAIDEN NAME	Nellie Lanyer
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. McClusky

Phys. (Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed NOV 30 1920 19____

J. A. Merrifield
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-219-042-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

Registration District No. 39 File No. 85363

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD OPAL FREDA SENFTEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	11 19 1920

FATHER		MOTHER	
FULL NAME	Fred Senften	FULL MAIDEN NAME	Lela Morganstern
RESIDENCE	castleford	RESIDENCE	Castleford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Registrar

Filed NOV 30 1920 19.... J. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Twin Falls }

SEP 15 1942

Certificate No. 85363

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Opal Freda Senften (Name on Original Certificate) who Born (Was Born or Died) on Nov 19, 1921 (Date of Event) in Castleford Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Opal Freda Senften

Subscribed and sworn to before me this 26th day of August, 1942

A. J. Amos

Notary Public, residing at Buhl Idaho.

My commission expires Nov 5th, 1942
(Seal)

Signed Lela Fern Senften - mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Castleford Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of September, 19 42.

A. J. Amos

Notary Public, residing at Buhl, Idaho

My commission expires Nov 5th, 1945
(Seal)

Signed Mrs. Mary E. Kinyon
(Signature of Any Credible Person Other Than Previous Year)

Castleford, Idaho
(Street Address, City, State)

SEP

365-121-042-691

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 85364

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Cleo Conrad

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	11 - 21 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. B. Conrad	Hazle Frazure
RESIDENCE	Buhl	Twin
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Ida.	Ore
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. H. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Filed 11-30 1920 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 10, 1940.

DEC 20 1983

693-226-042-636

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 85365

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Celia Norene Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Nov 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene C. Wilson	FULL MAIDEN NAME	Opal Floyd
RESIDENCE	Buhl Id	RESIDENCE	Buhl Id
COLOR	Whl AGE AT LAST BIRTHDAY 22 (Years)	COLOR	Whl AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl, Ida.

Filed NOV 30 1920 19....

J. H. Morgan
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Missouri } ss.
County of Bates }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Celia Norene Wilson (Name on original certificate) who Born (Was born or died) on Nov. 26, 1920 (Date of event)
in Buhl Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	no name	Celia Norene Wilson

Subscribed and sworn to before me this 29th
day of July, 1941
Notary Public, residing at Butler Mo
My commission expires Aug 30 1944
[SEAL]

Signed Mrs Eugene Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
308 W. Ohio, Butler Mo.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

955 - 126 - 042 - 267

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 39 — File No. 85366

No. ____ St. — Primary Registration District No. 2087 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Rendla

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11 — 24 — 19 20

FATHER		MOTHER	
FULL NAME	Adolph W. Rendla	FULL MAIDEN NAME	Pauline Hopp
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl, Ida
COLOR	wht.	COLOR	wht.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Jennings M D

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report. ____ 19____

Registrar

Filed NOV 30 1920 19____

J. W. Murphy Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-127-042-259

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

Registration District No. 34 File No. 85367

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hubert Vallord Meek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	11 27 1920

FATHER		MOTHER	
FULL NAME	Vallord G. Meek	FULL MAIDEN NAME	Bertha Berry
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Mo.
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed NOV 30 1920 J. T. Newspiny Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-130-042-495

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 85368

Primary Registration District No. 2187 Registered No.

FULL NAME OF CHILD Benjamin Harrison Matteson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	11-30-1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	B. H. Matteson	Irma Unwiddin
RESIDENCE	Buhl	Dana
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	20
BIRTHPLACE	Cal	Cal
OCCUPATION	Auto Mechanic	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) J. H. Murphy M. D.

(Physician or midwife)

Address Buhl Ida.

Filed 11-30 1920 J. H. Murphy

Registrar

AUG 1 2 1946

413-130-042-393

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 85369

Primary Registration District No. 7087 Registered No. .....

FULL NAME OF CHILD LaVerne Dwane Machacek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 30 1920

FATHER		MOTHER	
FULL NAME	Adolph Machacek	FULL MAIDEN NAME	Adeline Citulka
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl, Ida.
COLOR	wht. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	wht AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Hacwife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.

(Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed NOV 30 1920 J. H. [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 85369
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for _____ (Name on original certificate) who was born (Was born or died) on Nov 30, 1920 (Date of event)
in Buhl Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name not given	_____	LaVerne Dwaine Machacek

Subscribed and sworn to before me this 9
day of October, 1941
John M Barker
Notary Public, residing at Buhl Idaho
My commission expires 10-8-42
[SEAL]

Signed Adolph Machacek
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 4, Buhl Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19_____
_____
Notary Public, residing at _____
My commission expires _____
[SEAL]

Signed _____
(Signature of any credible person other than the previous affiant.)
_____
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

1119

819-101-044-951

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 425 E. Main St.

Hospital

Registration District No. 86

Primary Registration District No. 1010

File No. 85370

Registered No. 88

FULL NAME OF CHILD Peter James Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	#	2	Yes	9 1 1920

FATHER		MOTHER	
FULL NAME	James Harris	FULL MAIDEN NAME	Petra Reader
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Lawyer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.12 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Sept 7 19 20 W. R. Hamilton
Registrar
M. L. H

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134-102-044-381

Form V. S. No. 11-C—2m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85371

No. ____ St.

Primary Registration District No. 2112 Registered No. 89

Hospital ____

FULL NAME OF CHILD David Leon Aldred

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 2 1920

FATHER		MOTHER	
FULL NAME	William Aldred	FULL MAIDEN NAME	Leda Chandler
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:15 A M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) W. R. Hamilton

Physician
(Physician or midwife)

Address Weiser Idaho

Filed Sept 8 19 20 W. R. Hamilton
Registrar

M. L. H

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.
(f) Mother's mailing address Weiser, Idaho

3. RESIDENCE of FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD David Leon Aldred

5. Date of Birth (Month, day year) Sept. 2, 1920

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 7

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Aldred

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Ephram, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Leda Chandler

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Millville, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, William Aldred, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) David Leon Aldred (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Hamilton (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Aldred Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of January, 1942

(SEAL) John Deacock Notary Public residing at Weiser, Idaho

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 - 125-044- 614

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 6th & D Idaho St.

Registration District No. 86 File No. 85372

Primary Registration District No. 1010 Registered No. 90

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 25 1920

FATHER		MOTHER	
FULL NAME	Frank Hall	FULL MAIDEN NAME	Edna L. Faurot
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	None	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton MD
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report.

19

Registrar

Filed Sept 8 1920 W. R. Hamilton
Registrar
W. R. H

1120

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-110-044-319

PLACE OF BIRTH

County of Washington

City of Weiser

No. 817 E. Park St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 85373

Primary Registration District No. 1010 Registered No. 91

FULL NAME OF CHILD Hiram C. Still Jr.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	# (To be answered only in event of plural births)	2	Yes	9 (Month) 10 (Day) 1920 (Year)

FATHER	MOTHER
FULL NAME: Hiram C. Still	FULL MAIDEN NAME: Dora E. Carter
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Tennessee	BIRTHPLACE: Tennessee
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10. p M. on the date above stated.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser Idaho

Filed Sept 11 1920 W. R. Hamilton Registrar

R. L. H.

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MAR 2

717-213-044-551

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85375

No. ..... St.

Primary Registration District No. 1010 Registered No. 93

Hospital .....

FULL NAME OF CHILD Edna Bernice ~~Pappas~~ ANDREWS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	James Andrew Pappas	FULL MAIDEN NAME	Mary Frances Neason
RESIDENCE	Huntington Oregon	RESIDENCE	Huntington Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Chicago Illinois	BIRTHPLACE	North Liberty Indiana
OCCUPATION	Car inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Given names added from a supplemental report.

Name changed from Pappas 19__ to Andrews by court order 7/16/42

Address

Filed 10/1/20 19__

W R Hamilton
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF MICHIGAN } ss. 283,100
County of Wayne }

At a session of the Probate Court for said County of Wayne, held at the Probate Court Room in the City of Detroit, on the sixteenth day of July in the year one thousand nine hundred and forty - two

PRESENT Thomas C. Murphy
Judge of Probate.

IN THE MATTER OF THE CHANGE OF NAME OF EDNA BERNICE PAPPAS,
An Adult.

This day having been appointed for hearing the petition of said Edna Bernice Pappas praying that her name be changed to Edna Bernice Andrews; due notice thereof having been given as directed by this Court; upon hearing, it appearing to the Court that said person is a resident of said County of Wayne, that said proposed change of name is not sought with any fraudulent or evil intent and that there are sufficient reasons therefor.

IT IS ORDERED that the name of said Edna Bernice Pappas be and the same is hereby changed to Edna Bernice Andrews.

THOMAS C. MURPHY
Judge of Probate

TE OF MICHIGAN,
County of Wayne } ss.

TO THE PROBATE COURT FOR SAID COUNTY:

Edward Jay Hughes, Deputy Probate Register for said County

icting as Clerk of said Probate Court, do hereby certify that I have compared the foregoing copy of

der granting the change of name of EDNA BERNICE PAPPAS, an adult to

NA BERNICE ANDREWS.

the original record thereof, now remaining in this office, and have found the same to be a correct transcript therefrom,

f the whole of such original record.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Probate Court, at Detroit, this

27th day of

August A. D., 1942

Edward Jay Hughes

Deputy Probate Register.

ROBATE COURT

matter of the change
ESTATE OF
f name of
ERNICE PAPAS
lt

plification of Record

AUG 31 1960

MAY 2 6 1966

FEB 5 1943

296 - 214-044-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 86 — File No. 85376

No. ____ St.

Primary Registration District No. 1010 — Registered No. 94

Hospital ____

FULL NAME OF CHILD Caroline Florence Brockman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	8	14	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert August Brockman	Daisy Mary Barton
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Rushville Nebr.	Weiser Idaho
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Turney

Physician
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

Registrar

Filed 10/1/20 19____

W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1946

133 - 222-044-296

PLACE OF BIRTH

Amended Oct. 1h, 1951

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 85377

Primary Registration District No. 2112 Registered No. 95

FULL NAME OF CHILD Freida Belle Attebery

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept. 22 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Henry Attebery	FULL MAIDEN NAME: Maude Elizabeth Brown
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE:	BIRTHPLACE: Springfield Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 10/1/20 192.. W. B. Hunnihs Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Washington } ss.

Certificate No. 85377

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Freda Belle Atteberry (Name on Original Certificate) which states she (Was Born or Died) was born on 8-22-1920 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	August	September
Child's name & Surname	Freda Atteberry	Freida Attebery
Father's Surname	Atteberry	Attebery

Subscribed and sworn to before me this 8th day of October 19 54

Frank D Ryan
Notary Public, residing at Weiser, Idaho
My commission expires Dec. 24, 1954.
(Seal)

Signed Henry Atteberry Father
Maude Elizabeth Atteberry Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

604 East Commercial St. Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 19 54

Frank D Ryan
Notary Public, residing at Weiser, Idaho
My commission expires Dec. 24, 1954.
(Seal)

Signed Mary M. Cheadle
(Signature of Any Credible Person)
Mary M. Cheadle
700 E. Park St., Weiser, Idaho
(Street Address, City, State)

DPH 52-155

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85377

No. ..... St.

Primary Registration District No. 2112 Registered No. 95

Hospital .....

FULL NAME OF CHILD Freda Belle Atteberry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	8 (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Henry Atteberry	FULL MAIDEN NAME	Mauck Elizabeth Brown
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE		BIRTHPLACE	Springfield Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest C. Finney

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 10/1/20 19....

W. R. Hunnelson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

353-224-044-235

PLACE OF BIRTH

County of Washington

City of Weiser

No. E. Commercial St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

Registration District No. 65 File No. 85378

Primary Registration District No. 1010 Registered No. 96

FULL NAME OF CHILD Bernice Beulah Lloyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Sept. 24th 1920

FATHER		MOTHER	
FULL NAME	Herman B. Lloyd	FULL MAIDEN NAME	Beulah Stivers
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26.	AGE AT LAST BIRTHDAY (Years)	20.
BIRTHPLACE	Kansas.	BIRTHPLACE	U.S.
OCCUPATION	Mechanic	OCCUPATION	Home wife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 12 — M. on the date above stated.

(Born alive or stillborn)

(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Address Weiser Ida.

Filed 10/1/20 19.. W. R. Hamilton
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1

855-102-044-859

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 86 — File No. 85379

No. ____ St. — Primary Registration District No. 2112 — Registered No. 94

Hospital ____

FULL NAME OF CHILD Robert Carl Hendry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9 2 1920

FATHER		MOTHER	
FULL NAME	Robert Hendry	FULL MAIDEN NAME	Elizabeth Leishman
RESIDENCE	Weiser, Idaho.	RESIDENCE	Weiser, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	99 (Years)	AGE AT LAST BIRTHDAY	99 (Years)
BIRTHPLACE	Wellsville Utah	BIRTHPLACE	Wellsville Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician (Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed 10/1/20 19____

Dr. R Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Wash.

Certificate No. 85379
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Hendry (Name on original certificate) who was born on Sept. 2, 1920 (Was born or died) (Date of event)
in Washington County, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (Bible record, insurance policy, etc.) prepared on October 28, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Emmetted	Robert Earl Hendry

Subscribed and sworn to before me this 28
day of October, 1941

C. E. Taylor
Notary Public, residing at Weiser, Ida.
My commission expires Feb. 10. 47
[SEAL]

Signed Robert A Hendry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

795-109-044-193

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85381

No. ____ St.

Primary Registration District No. 212 Registered No. 99

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	9 4 1920

FATHER	MOTHER
FULL NAME: Orval F. Green	FULL MAIDEN NAME: Helen Jillson
RESIDENCE: Weiser Idaho	RESIDENCE: Weiser Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: (Years)
BIRTHPLACE: Glenn Nebr.	BIRTHPLACE: S. Haven Mich.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed 10/1/20 19____

W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-201-044-281

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Amended 1/29/75

Registration District No. 86

File No. 85382

No. ____ St.

Primary Registration District No. 2112

Registered No. 100

Hospital ____

FULL NAME OF CHILD Donna Maxine Strubel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	10 1 1920

FATHER		MOTHER	
FULL NAME	Wm Allison Strubel	FULL MAIDEN NAME	Anna Shaw
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Midvale Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Feeney

Physician
(Physician or midwife)

Given names added from a supplemental report.

19____

Registrar

Address ____

Filed 11/1/20 19____

M. R. Knowlton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11 1 71

RECEIVED BUREAU OF VITAL STATISTICS JAN 21 12 59 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 85382

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Donna Maxine Stroble (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1920 (Date of Event) in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Donna Maxine Stroble	Donna Maxine Strobel

Subscribed and sworn to before me this 1st day of November 1971

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Donna Maxine Campbell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 496 Helix Oregon 97835

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Clackamas

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 1974

[signature]

Notary Public, residing at Clackamas, Oregon

My commission expires 2-12-77

(Seal)

Signed William A Strobel

(Signature of Any Credible Person)

10701 S.E. Hwy 212 Elm #9

(Street Address, City, State)

Clackamas, Oregon 97015

FORM DH 60-155

JAN 3 1975

Social Security Card No. 540-18-7814 issued Aug. 29,1938 gives name as Donna Maxine Strobel.
Viewed by VS

Certif. of Marriage from Washington give names as Robert E. Campbell and Donna Maxine Strobel. viewed by V. S.

639-106-044-156

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 85 File No. 85383

No. ..... St.

Primary Registration District No. 2112 Registered No. 101

Hospital .....

FULL NAME OF CHILD Norman Oliver Fliegel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 6 1920

FATHER		MOTHER	
FULL NAME	Geo. Dewey Fliegel	FULL MAIDEN NAME	Nora Alice Jeffrey
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed 11/1/20 19....

W. R. Hamilton
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219 - 207
044 - 216

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85384

No. ..... St.

Primary Registration District No. 1010 Registered No. 102

Hospital .....

FULL NAME OF CHILD Mary Louise Barton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 7 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Edward Conrade Barton	FULL MAIDEN NAME	Leola Madeline Lawson
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Weiser Idaho.	BIRTHPLACE	Denvine Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:00 m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~Physician~~ Ernest O. Finn

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 11/1/20 19....

M. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-111-044-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 85 File No. 85385

No. ..... St.

Primary Registration District No. 2112 Registered No. 103

Hospital .....

FULL NAME OF CHILD ERNEST GRANT Luce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twins		1	yes	Oct 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Homer A Luce	FULL MAIDEN NAME	Edna Averett
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wash	BIRTHPLACE	Arizona
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed 11/1/20 19....

W. R. Hamilton
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 85385 ~~xxx85386xx~~

Date Filed Mar 23-1942

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Ernest Grant Luce (Name on Original Certificate) who Born (Was Born or Died) on Oct. 11-1920 (Date of Event)
in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Oct 11-1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Luce (1st twin)	Ernest Grant Luce
Ernest	Grant	Luce

Subscribed and sworn to before me this 23rd day of March, 1942

Winnifred McPherson
Notary Public, residing at Spokane, Wash.
My commission expires Aug 7 - 1944
(Seal)

Signed Homer A Luce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4118-E-24th Spokane Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Mch, 1942

Winnifred McPherson
Notary Public, residing at Spokane Wash.
My commission expires Aug 7- 1944
(Seal)

Signed Mrs R. G. Woodworth
(Signature of Any Credible Person Other Than Previous Year)
1818 E 14, Spokane, Wn.
(Street Address, City, State)

MAY 1 8 1970

343-111-044-155

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85386

No. ..... St.

Primary Registration District No. 2112 Registered No. 104

Hospital .....

FULL NAME OF CHILD EDWIN LaROY Luce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twins		2	yes	Oct 11 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Homer A Luce	FULL MAIDEN NAME	Edna Averett
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ariz.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Weiser Ida

Filed 11/1/20 19....

W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. ~~85385~~ 85386

Date Filed Mar 23 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Edwin La Roy Luce (Name on Original Certificate) who Born (Was Born or Died) on Oct 11-1920 (Date of Event) in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Oct 11-1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Luce (2nd twin)	Edwin La Roy Luce
Edwin	La Roy	Luce

Subscribed and sworn to before me this 23 day of March, 1942

Winnifred McPherson

Notary Public, residing at Spokane, Wash.

My commission expires Aug 7-1944

(Seal)

Signed Homer A Luce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4118-E-24th Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March, 1942

Winnifred McPherson

Notary Public, residing at Spokane Wash.

My commission expires Aug 7-1944

(Seal)

Signed Mrs R.G. Woodworth
(Signature of Any Credible Person Other Than Previous Year)

1818E 14 Spokane, Wn.
(Street Address, City, State)

412-112-044-214

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 66

File No. 85387

Primary Registration District No. 1010

Registered No. 105

FULL NAME OF CHILD Regal S Masters

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct. 12th 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. Howe Masters	FULL MAIDEN NAME	Alta De Baum
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Mechanic	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Filed 11/1/20 19.....

W. R. Hamilton
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-114-044-869

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85388

No. ..... St.

Primary Registration District No. 2112 Registered No. 106

Hospital .....

FULL NAME OF CHILD William George Bain

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank D Bain	FULL MAIDEN NAME	Jaunita York
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Meadows Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed 11/1/20 19.... W. R. Hamilton
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1948

1121

356-115-044-795

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85389

No. ____ St.

Primary Registration District No. 1010 Registered No. 107

Hospital ____

FULL NAME OF CHILD David Michael Leonard

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	4	Yes	10 15 20

FATHER	MOTHER
FULL NAME: Hugh J. Leonard	FULL MAIDEN NAME: Clara Pinger
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: North Dakota
OCCUPATION: Manager Lumber Yard	OCCUPATION: House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.
(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

....., 19.....
Registrar

Filed 11/1/20 19..... W. R. Hamilton
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/25/41 L. B.

1122

465-16-044-242

PLACE OF BIRTH

County of Washington

City of Weiser

No. 1041 W. 5th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 85390

Primary Registration District No. 1010 Registered No. 105

FULL NAME OF CHILD James Bush Donart

Sex of Child	Twin Triplet or other? # (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	10 16 20

FATHER	MOTHER
FULL NAME: George Donart	FULL MAIDEN NAME: Letha Bush
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Missouri
OCCUPATION: Lawyer	OCCUPATION: House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.45 p. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 11/1/20 19..... W. R. Hamilton
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 1974

865-216-044-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 85391

Primary Registration District No. 2112 Registered No. 109

FULL NAME OF CHILD Vesta Adena Hovey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct 16 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert L. Hovey	FULL MAIDEN NAME	Violet E Solly
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Canada	BIRTHPLACE	Weiser Ida
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Wakehouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 11/1/20 19....

M. R. Hunsaker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 2 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 85391

Date Filed July 26 1943

The undersigned does solemnly swear that certain facts on the certificate of ____ (Birth or Death)
for unnamed Hovey (Name on Original Certificate) who born (Was Born or Died) on October 16 1920 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on July 26, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Hovey	Vesta Adena Hovey

Subscribed and sworn to before me this 21st day of February, 1944

Notary Public, residing at Weiser Idaho

My commission expires Dec 10' 1944
(Seal)

Signed Violette Edna Lolley Hovey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ }
County of ____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19____.

Notary Public, residing at ____

My commission expires ____
(Seal)

Signed ____
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 12 1960

FEB 24 1944

954-228-044-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 85392

Primary Registration District No. 2112 Registered No. 110

FULL NAME OF CHILD Rembert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 28 1920

FATHER		MOTHER	
FULL NAME	Harry Rembert	FULL MAIDEN NAME	Maud McCullom
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ohio	BIRTHPLACE	Miss
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walchoin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 11/1/20 19.... W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

913-204-044-793

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser Registration District No. 86 File No. 85393

No. 11th & E Washington St. Primary Registration District No. 1010 Registered No. 111

Hospital Golden Gem

FULL NAME OF CHILD GEORGANNA GOLDIE Roller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Nov 4 1920

	FATHER	MOTHER
FULL NAME	Kyle Roller	PEARL Tilley
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Va	Va
OCCUPATION	farmer	housewife

Number of children of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Valentine
Physician
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

19

Registrar

Filed 12/1/20 19

W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 85393

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Goldie Roller (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Goldie	Georganna Goldie Roller

Subscribed and sworn to before me this 4th
day of September, 19 43.

Notary Public, residing at Midvale Idaho

My commission expires May 10th 1944
(Seal)

Signed Mary McMillan (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Midvale Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 7 - 1943

SEP 8 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }ss.
County of Washington }

Certificate No. 85393

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Georganna Goldie Roller (Name on Original Certificate) who alive (Was Born or Died) on November 4th 1920 (Date of Event)

in Weiser Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Georganna Goldie Roller
Mother's name	Maud Gilley	Pearl Gilley

Subscribed and sworn to before me this 30th day of September, 1943

J H Goodnight

Notary Public, residing at Midvale Idaho

My commission expires May 10th 1944
(Seal)

Signed Mary McMillan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Midvale Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Washington }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of October, 1943

D L Carter

Notary Public, residing at Weiser Idaho

My commission expires Feb 4 1946
(Seal)

Signed Goldie E Morell
(Signature of Any Credible Person Other Than Previous Year)

Midvale Idaho Star Route
(Street Address, City, State)

JAN 28 1963

OCT 2 2 1962

795-106-044-659

Form V. S. No. 11—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 2 Court St.

Registration District No. 65 File No. 85394

Primary Registration District No. 1016 Registered No. 112

Hospital

FULL NAME OF CHILD George Frederick Green

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)		Yes	May 6 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray F. Green	Cora Star Fenbrache
RESIDENCE	Ray F. Green Weiser Ida.	Cora Star Fenbrache Weiser Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	32
BIRTHPLACE	Colorado	Nebraska
OCCUPATION	Laborer	Home wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

(Signature) Dr. R. Hamilton M.D.

(Physician or midwife)

Address Weiser Ida.

Filed 12/1/20 19

Dr. R. Hamilton
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

694-210-044-113

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 734 E Court St.

Registration District No. 86 File No. 85395

Primary Registration District No. 1010 Registered No. 113

Hospital

FULL NAME OF CHILD Mayme Elizabeth Widener

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Widener	FULL MAIDEN NAME	Frances Jacoby
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kans	BIRTHPLACE	Cal
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed 12/1/20 19

W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1942

AUG 27 1971

DEC 6 1971

552-118-044-313

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85396

No. ..... St.

Primary Registration District No. 2112 Registered No. 114

Hospital .....

FULL NAME OF CHILD Jewell Ray Verley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 18 1920

	FATHER	MOTHER
FULL NAME	Benjamin Elliston Verley	FULL MAIDEN NAME Sylvia Lolley
RESIDENCE	Weiser Ida	RESIDENCE Weiser Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE Weiser Idg
OCCUPATION	Farmer	OCCUPATION Housewife

Number of children of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 50 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Robertson

Physician

(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/1/20 19.....

W. R. Hamilton

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/4/41 rmf

493-220-044-384

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH Name added 11-12-81

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 9th & E. Com St.

Hospital

Registration District No. 86 File No. 85397

Primary Registration District No. 1010 Registered No. 115

FULL NAME OF CHILD Freda Mae Dillon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hilary T. Dillon	FULL MAIDEN NAME	Ida Church
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Va.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed 12/1/20 19

W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

9-4-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 10 8 39 AM '81

State of _____
County of _____ } ss.

Certificate No. 85397
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Dillon (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov. 20, 1920 (Date of Event)

in Weiser, (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Freda Mae Dillon

Subscribed and sworn to before me this 5th day of November, 19 81.

Notary Public, Charlotte Hyrata

Residing at Weiser, Idaho

My commission expires _____

(Seal)

Loretta L. Dillon
Signature of Applicant

328 State St. Weiser Idaho 83672
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NOV 1 2 1981

Attendance Scholarship Record from Weiser Public School gives Freda Mae Dillon as tudent of Weiser Public Schools. Born 11-20-20. Dated Grades 5-8. years 1937-1940. Viewed by V.S.

Marriage License and Certificate from State of Idaho County of Washington gives Hobert Valin Cyrus and Freda Mae Dillon were married at Weiser on 2-22-41. Viewed by V.S.

749-121-044-819

PLACE OF BIRTH amend 6-24-82

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 65

File No. 85398

Primary Registration District No. 2112

Registered No. 116

FULL NAME OF CHILD Earnest Clark Purcell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 21st 1920

FATHER		MOTHER	
FULL NAME	O. A. Purcell	FULL MAIDEN NAME	Mary Harris
RESIDENCE	Weiser Ida R F D No 2	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

(Signature) W. R. Hamilton M.D.

Weiser Ida (Physician or midwife)

Address _____

Filed 12/1/20 19 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19 _____

_____ Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-22-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Washington } ss.

Certificate No. 85398
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Pursell (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-21-20 (Date of Event)

in Weiser (Washington) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Prusell	Earnest Clark Purcell
fathers last name	Pursell	Purcell.

Subscribed and sworn to before me this 18 day of May, 1982

Notary Public, Freida Story

Residing at Weiser, Idaho

My commission expires 8-10-85

(Seal)

Earnest Clark Purcell
Signature of Applicant

Route 1 Box 298 Weiser, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Washington } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, Freida Story

Residing at Weiser, Idaho

My commission expires 8-10-85

(Seal)

Josephine Langford
Supporting Signature

Street Address, City, State

1 cc pd

941 Stall Street
Weiser Ida

Life ins application to the Mutual Life Ins Co of New York gives Insured as Earnest Clark Purcell age 50 born 11-21-20 in Idaho. dated 8-12-70. Viewed by V.S.

JUN 24 1982

U.S. Marine Corp Honorable Discharge gives Earnest Clark Purcell was discharged 5-6-46. Viewed by V.S.

Certificate of Estate from State of Idaho County of Washington gives The Estate of Orval A Purcell and document is dated 8-13-34. Viewed by V.S.

Homestead Certificate Instrument No. 9270 gives Orval A Purcell as recipient and document is dated 9-10-07. Viewed by V.S.

1124

519-126-044-395

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 241 W. Main St.

Hospital

Registration District No. 86

File No. 85399

Primary Registration District No. 1010

Registered No. 117

FULL NAME OF CHILD Bertram S. Varian Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	#	4	Yes	11 (Month) 26 (Day) 20 (Year)

FATHER	MOTHER
FULL NAME: Bertram S. Varian	FULL MAIDEN NAME: Inez Vaughn Trent
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Nevada	BIRTHPLACE: Montana
OCCUPATION: District Judge	OCCUPATION: House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 12/1/20 19..... W. R. Hamilton
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1943

OCT 19 1943

1123

619-108-044-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 85400

No. West Highway St.

Primary Registration District No. 212

Registered No. 117

Hospital

FULL NAME OF CHILD Billy Warner WILLIAM WALSTON WARNER

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	#	2	Yes	11 8 20

FATHER	MOTHER
FULL NAME: Charles Henry Warner	FULL MAIDEN NAME: Clara F. Wolston
RESIDENCE: Council, Idaho	RESIDENCE: Council, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 34	AGE AT LAST BIRTHDAY (Years): 36
BIRTHPLACE: Colorado	BIRTHPLACE: Wyoming
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 9.30 a. M. on the date above stated.

(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report.

....., 19.....

Filed 12/1/20 19..... W R Hamilton

Registrar

S-Y-CO 38071

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

737 5000 9-40

AFFIDAVIT OF BIRTH

PERSONAL and STATISTICAL PARTICULARS

Full name of child William Walston Warner

Date of birth Nov. 8 - 1920

Place of birth Weiser Idaho

Sex of child Male

Full name of father Charles Henry Warner

Residence at child's birth In the country. Weiser Flat, in Washington Co, Idaho

Age at child's birth 33

Color or race White, American

Birthplace Aspen Colo.

Occupation at child's birth Cook.

Full maiden name of mother Clair Frances Walston

~~Residence at child's birth~~ Weiser Flat, Idaho.

Age at child's birth 36

Color or race American, white

Birthplace Sheridan Wyo.

Occupation at child's birth Housewife.

JAN 5 1943

I hereby certify that I am the Mother of this child, who was born on the date above stated.

AFFIANT Mrs Clair Warner

ADDRESS 1647 - 10 Ave. E. Oakland
Oakland, California

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 23rd DAY
OF September, 1940.

B. Winther, B. Winther

NOTARY PUBLIC
in and for the County of Alameda, State of California.
(My commission expires April 10th, 1942)

141-106-044-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 8E

File No. 85401

No. ..... St.

Primary Registration District No. 2112

Registered No. 119

Hospital .....

FULL NAME OF CHILD ROBERT SHIRLEY Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Shirley Adams	FULL MAIDEN NAME	Gladys Woods
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walerhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed 10/1/20 19....

W R Hamilton
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. OCT 23 1941 Certificate No. 85401
County of Washington } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Robert Shirley Adams (Name on original certificate) who born (Was born or died) on Sept-6. 1920 (Date of event)
in Washington County Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Adams	Robert Shirley Adams

Subscribed and sworn to before me this 23th
day of October, 1941
A. R. Brown,
Notary Public, residing at Weiser Idaho
My commission expires Dec-10- 1944
[SEAL]

Signed Charlie Shirley Adams Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
827-E Park St. Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

363-120-044-699

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85402

No. ..... St.

Primary Registration District No. 2112 Registered No. 120

Hospital .....

FULL NAME OF CHILD Robert Franklin Cochran

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Cochran	FULL MAIDEN NAME	Eva Fritts
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Filed 10/1/20 19....

M. R. Hamilton
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 20-340266

462-126-044-957

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 85403

No. ..... St.

Primary Registration District No. 2112 Registered No. 121

Hospital .....

FULL NAME OF CHILD LLOYD THOMAS Doss

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 26 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos A. Doss	FULL MAIDEN NAME	Thursey ~~[illegible]~~ Rexroat
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walthour

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 10/1/20 19.... W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Union }

Certificate No. 85403

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lloyd Thomas Doss (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept 26 1919 (DATE OF EVENT)
in Weiser Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Public Health Ida., (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 3 day of march 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
~~name~~	unnamed Doss	Lloyd Thomas Doss
mother's name	Thursey Retroat	Thursey Rexroat
		26 day of ept 1920

Subscribed and sworn to before me this 30th
day of March 19 42.

Notary Public, residing at La Grande Ore.
My commission expires Oct 2. 1942.
(SEAL)

Signed x Thomas Arthur Doss
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 3 1942

FEB 13 1951

359-225-003-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85404

County of Bannock

City of Pocatello

No. 525 No. 6 St.

Hospital

Registration District No. 28 File No. 85404

Primary Registration District No. 2161 Registered No. 3498

FULL NAME OF CHILD Helen Marie Terman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
X		Yes	11 (Month) 25 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	David Terman	FULL MAIDEN NAME	Hazel Bateman
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Farmington, Utah	BIRTHPLACE	West Jordan, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello

Filed 12/1 1920

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLA

This is to certify that HELEN MARIE TERMAN

was born at POCATELLO, IDAHO

on the 25 th day of NOVEMBER, 1920, and given

the name of HELEN MARIE TERMAN.

x Mrs Hazel Terman (Pike)
(Mother of Helen Marie Terman)

Subscribed and sworn to before me this 23 day of June, 1941

at Blackfoot, IDAHO.

Jno V Falk Clerk of District Court
~~Notary Public~~
Residing at Blackfoot, Idaho
By G Adamson, Dep

(SEAL)

14-01-4

[redacted] 553-106-014-462

[redacted] BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 85405

No. 8 Steensland St.

Hospital ~~Canyon~~

Primary Registration District No. 2005 Registered No. 258

FULL NAME OF CHILD James Russell Nelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	S		5	yes	Nov. 6 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl N. Nelson	FULL MAIDEN NAME	Alice Mobry
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Homedale - Wis	BIRTHPLACE	St. Thomas - N. Dak.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Id

19

Registrar

Filed Nov. 23 1920 John J. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1950

JAN 2 1942

296-207
010-1413
PLA[redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 85406

No. 6th & Emmerson St.

Primary Registration District No. 2110 Registered No. 269

Hospital

FULL NAME OF CHILD Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 7 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Albert Brown	FULL MAIDEN NAME	Bulie Mattison
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Altica Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jobiz S Mesh
S M-D
(Physician or midwife)

Given names added from a supplemental report.

19

Address Idaho Falls

Registrar

Filed 11/30 1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH [redacted]

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 85407

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Maude Luk Gong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louie Heung Gong	FULL MAIDEN NAME	John Luk Moi
RESIDENCE	Boise (Government Island)	RESIDENCE	Boise (Government Is.
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	China	BIRTHPLACE	China
OCCUPATION	Gardner	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callister

(Physician or midwife)

Given names added from a supplemental report.

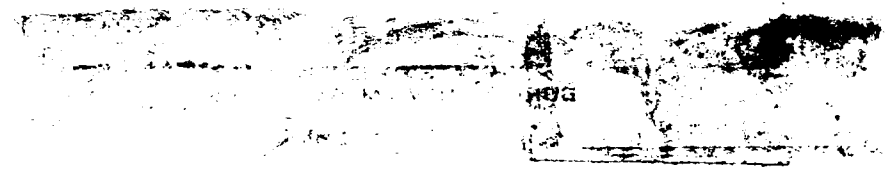
_____ 19__

Address _____

Filed Dec 24 1920 R. H. Pratt

Registrar

S-Y CO. 24656



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Dep of 1920-85416

455-111-016-713

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Heglar

Registration District No. 119 File No. 85409

No. ..... St.

Hospital at home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD William Palmer Denny

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Nov (Day) 11 (Year) 1920
Male		yes	

FATHER		MOTHER	
FULL NAME	Arthur Paul Denny	FULL MAIDEN NAME	Grace Lyons Palmer
RESIDENCE	Heglar Idaho	RESIDENCE	Heglar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Hastings Nebraska
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Salter M.D.

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Nov 28 1920 C I Salter

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-112-016-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

Registration District No. 120 File No. 85410

No. ..... St.

Primary Registration District No. 297 Registered No. 22

Hospital .....

FULL NAME OF CHILD Ted Stewart Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 12 1920

FATHER	MOTHER
FULL NAME Charles R. Young	FULL MAIDEN NAME Leah Dora Stewart
RESIDENCE Oakley, Idaho	RESIDENCE Oakley, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Utah
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:45 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) Jesse L. Kunz, M. D.

(Physician [redacted])

Address Oakley, Idaho

Filed Nov 30 1920

A. F. Nelson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 20 1966

JUN 26 1948

859-220-029-369

[redacted]

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 85411

Primary Registration District No. 2142 Registered No. 17

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	YES	Nov 26 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Herman	FULL MAIDEN NAME	Ella Cornick
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	N. D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O H Ehrman

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 11-26 1920 C O H Ehrman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-104-001-258

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ R.D. #1, Eagle ~~St.~~

Hospital

Registration District No. 8 File No. 85413

Primary Registration District No. 2004 Registered No. 95

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12-4-1920

FATHER

FULL NAME: David J. Frazier

RESIDENCE: R.D. #1, Eagle, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Edith H. Snyder

RESIDENCE: R.D. #1, Eagle, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) T. N. Braxton M.D.

(Physician or midwife)

Address Boise, Idaho.

Filed Dec 9. 1920

R. H. Pratt

Registrar

689-230-001-258

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ 1/2 mi. S. Perkins Sta.

Hospital Amended 3/1/78

Registration District No. 8 File No. 85414

Primary Registration District No. 2004 Registered No. 96

FULL NAME OF CHILD Margaret Evelyn Whittington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 30 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	John K. Whittington	FULL MAIDEN NAME	Vivian Snyder
RESIDENCE	1/2 mi. S. Perkins Sta. Boise,	RESIDENCE	1/2 mi. S. Perkins Sta. Boise,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.00 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed Dec 9 1920 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 1 10 19 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 85414

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed female Whittington (Name on Original Certificate) who was born (Was Born or Died) on November 30, 1920 (Date of Event)

in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed	Margaret Evelyn Whittington

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Vivian Whittington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1978

Helen M. Green

Notary Public, residing at Boise, Ida

My commission expires May 24, 1978

(Seal)

Signed Betty K. Ineed
(Signature of Any Credible Person)

3480 Beverly, Boise, Ida.
(Street Address, City, State)

FORM DH 60-155

CL 2/3/78 nm.

Notification of Birth Registration issued by Department of Commerce 3/22/40 gives name of Mother as Margaret Evelyn Whittington. Viewed by V.S.

Marriage License and Certificate issued by State of Idaho XX 21 August 1939 gives name of Bride as Margaret Evelyn Whittington. Viewed by V.S.

281 - 212-001-669

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85415

County of Ada

City of Boise

Registration District No. 8 File No.

~~No.~~ South Boise ~~St.~~

Primary Registration District No. 7004 Registered No. 97

Hospital

FULL NAME OF CHILD ~~Joannette~~ Ellen Shaffer

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 11 (Month) - 12 (Day) - 1920 (Year)

FATHER	MOTHER
FULL NAME John A. Shaffer	FULL MAIDEN NAME Mary Ann Forcier
RESIDENCE South Boise, Idaho	RESIDENCE South Boise, Idaho
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Minnesota
OCCUPATION Auto mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brayton M.D.
(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Dec 9 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 3 1945

556-212
001-917

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-9-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise RR#2 Registration District No. 8 File No. 85417

No. ..... St. Primary Registration District No. 2004 Registered No. 99

Hospital .....

FULL NAME OF CHILD Marguerite Winifred Newman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	12 17 1917

FATHER		MOTHER	
FULL NAME	Earl Newman	FULL MAIDEN NAME	Winnie Ragsdale
RESIDENCE	PO Boise	RESIDENCE	PO Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Auto dealer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 11 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Higgs M.D. (Physician or midwife)

Address 1622 Ward St

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 14 1920 R. H. Pratt Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/25/41 P. A.

I, Mrs. Robert E. Williams, aunt of Marguerite Winifred Newman, do swear that the name of Marguerite Winifred Newman was given to her shortly after birth on December 12, 1920 near Boise, Idaho. This name was not recorded on the birth certificate filed with the Bureau of Vital Statistics, Boise, Idaho and I now wish this name to be placed on said birth certificate.

I, Mrs. Robert E. Williams, being duly sworn, say that the above is correct as stated.

Mrs. Robert E. Williams

Subscribed and sworn to before me this 25 day of April 194

Notary Public

964-106-001-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

[redacted]HO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 8 File No. 85418

No Hawthorne School Primary Registration District No. 2014 Registered No. 100

Hospital

FULL NAME OF CHILD Wm Harvey Roush

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				l	Dec. 6 1920

FATHER	MOTHER
FULL NAME O.G. Roush	FULL MAIDEN NAME Myrtle Esther Walker
RESIDENCE Hawthorne School Dist.	RESIDENCE Hawthorne Scool Dist.
COLOR w	COLOR w
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Kansas
OCCUPATION Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 9:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dr John Boeck m.d.

(Physician or midwife)

Address Boise Ida

Filed Dec 14 1920

R.N. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP

815-224-001-417

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Ada

CERTIFICATE OF BIRTH

City of

Registration District No. 8 File No. 85420

No. Whitney School Dist

Primary Registration District No. 7004 Registered No. 103

Hospital

FULL NAME OF CHILD LOIS N. Hansen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				l	Dec 24 1920

FATHER		MOTHER	
FULL NAME	Julius L. Hansen	FULL MAIDEN NAME	Cora B. Mayo
RESIDENCE	Whitney School	RESIDENCE	Whitney School Dist
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wise	BIRTHPLACE	Wise
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 4.45 A. M. on the date above stated.

(Signature) Dr John Brock MD

(Physician or midwife)

Address

Filed Dec 28 1920

R. H. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 17 1946
JUN 6 1949
SEP 28 1967
FEB 16 1943
AUG 14 1957

249-122-001-357

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 8 File No. 8542/

No. Ustick School Dist. Primary Registration District No. 2054 Registered No. 104

Hospital

FULL NAME OF CHILD Lawrence George Smitshagen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			l	Dec 22 1920

FATHER	MOTHER
FULL NAME Frank J. Smitshagen	FULL MAIDEN NAME Alice C. Tippett
RESIDENCE Ustick	RESIDENCE Ustick
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Mont.	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 12 45A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John Boeckel M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address

Filed Dec 28 - 1920

R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-12-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85421

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Smitchger (Name on Original Certificate) who was bornn (Was Born or Died) on Dec. 22, 1920 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed	Lawrence George Smitchger

Subscribed and sworn to before me this 16th day of January, 1970

Notary Public, residing at Boise

My commission expires Nov 24, 1971

(Seal)

Signed Mrs. Frank Smitchger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Family Record book lists name as Lawrence George Smitchger bonn Dec. 22,1920 in Boise, Idaho. Reoord obviously old.
Viewed by V.S.

JAN 26 1970

The Security Mutual Life Ins. Co. lists his name as Lawrence george Smitchger
Policy #122448 issued Jan 7, 1953.
Viewed by V.S.

695-206-001-231

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 8 File No. 85422

No. R. D. 2 St. Primary Registration District No. 2004 Registered No. 101

Hospital

FULL NAME OF CHILD Gladys Frenette

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	12-6-1920

FATHER		MOTHER	
FULL NAME	Charles Frenette	FULL MAIDEN NAME	Mary Blackwood
RESIDENCE	Meridian, Ada, R.D. 2	RESIDENCE	Meridian, Ada, R.D. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Minnesota	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Boise, Idaho

19

Filed Dec 14 1920 R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1944

255-122-001-819

PLACE OF BIRTH

Form V.S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital ____

Registration District No. 8 File No. 85423

Primary Registration District No. 2004 Registered No. 105

FULL NAME OF CHILD Everett Bevenue

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	and	2	Yes.	12 22 1920

FATHER		MOTHER	
FULL NAME	Wm Bevenue	FULL MAIDEN NAME	Cinda Hargo.
RESIDENCE	Reclamation & River	RESIDENCE	Reclamation River
COLOR	W.	COLOR	Indian
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31. (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Olka.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 22 20. at 6 PM. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Bevenue (father)

(Physician or midwife)

Address Reclamation & River St.

Given names added from a supplemental report.

____ 19____

____ Registrar.

Filed Dec 28, 1920 R.H. Pratt. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 6 1968

419-111-001-449

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of S. Boise

No. ..... St.

Hospital .....

Registration District No. 8 File No. 85424

Primary Registration District No. 2004 Registered No. 106

FULL NAME OF CHILD Bert Willis Martin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		—	yes	8 (Month) 11 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edw. R. Martin	FULL MAIDEN NAME	Jennie V. Muir
RESIDENCE	S. Boise	RESIDENCE	S. Boise
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Idaho

Filed Dec 30 1920 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1948

493 - 115-001-689

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of S. Boise

Registration District No. 8 File No. 85425

No. ____ St.

Primary Registration District No. 1004 Registered No. 187

Hospital ____

FULL NAME OF CHILD Gentry Lavern Milhorn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	and	yes	10 15 1920

FATHER		MOTHER	
FULL NAME	Gentry Milhorn	FULL MAIDEN NAME	Laura McIntire
RESIDENCE	S. Boise	RESIDENCE	S. Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Carpenter	OCCUPATION	Hse.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Callaway
Physician
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec 30 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1973

Certified copy issued 2-13-1941. dp

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-120-001-449

PLACE OF BIRTH
Name added 4-5-82

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of S. [illegible]

Registration District No. 8 File No. 85426

No. 825 St.

Primary Registration District No. 2004 Registered No. 108

Hospital

FULL NAME OF CHILD Oliver Leland Bayenger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
M.	/	—	yes	9	20	19 20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Paul W. Bayenger	Mabel Murray
RESIDENCE	825 S. Cole	825 Boise
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Idaho	Mo
OCCUPATION	Laborer	Hse.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) M. Allen Callaway M.D.

Physician

(Physician or midwife)

Address Boise Idaho

Filed Dec 30 1920

R. N. Ralt

Registrar

4-2-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS
APR 5 12 28 PM '82

State of _____ } ss.
County of _____ }

Certificate No. 85426
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Boyenger (Name on Original Certificate) who was born (Was Born, Died, etc.) on 9-20-20 (Date of Event)

in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Oliver Leland Boyenger

Subscribed and sworn to before me this 5th day of April, 19 82

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

x Oliver Leland Boyenger
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Order to report for Induction issued by the Local Board # 1 Ada County issued May 1, 1944 gives name as Oliver Leland Boyenger of Route # 5 boise, Idaho Order # 10805.
Viewed by V.S.

Marriage license and certificate gives name as Oliver Leland Boyenger of Boise, Idaho married to Rosella Cora Newbold of Boixe, Idaho. Benjamin C. Bailey, Officiating Dated May 29, 1941.
Viewed by V.S.

596-219-001-418

Amended 7/3/79

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Cole School St.

Hospital

Registration District No. 1

File No. 85428

Primary Registration District No. 3004

Registered No. 110

FULL NAME OF CHILD Corinne Elizabeth Erwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
f				l	Dec 19 1920

FATHER	MOTHER
FULL NAME O H Erwin	FULL MAIDEN NAME Beulah Mayhew
RESIDENCE Cole School Dist	RESIDENCE Cole school Dist
COLOR w	COLOR w.
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ia	BIRTHPLACE Ia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 3:9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Brooke MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 29 1920

R A Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

XXXXX
6/14/79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUN 2 2 1979
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of Ada } ss.

Certificate No. 35428
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth

for Unnamed Erwin (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12/19/20 (Date of Event)

in Ada County (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	Unnamed Erwin	Corinne Elizabeth Erwin

Subscribed and sworn to before me this 18th day of June, 19 79.

Notary Public, Kathryn A. McPeak

Residing at Meridian, Idaho

My commission expires 6/15/80

(Seal)

x Corinne E. Cope
Signature of Applicant

x 130 E. Overland, Meridian, Id. 83642
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Meridian Rural High school, Meridaan, Idaho gives name as Corinne E. Erwin. dated May 26, 1938. viwed by V. S.

JUL 3 1979

Marriage license and certif gives nanes as Vance Alfred Cope ans Corinne ~~XXXXXX~~ Elizabeth Erein. datedSe½t 8, 1940 viewed by V. S.

819 - 226 - 001 - 268

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of City Barber Registration District No. 8 File No. 85429

No. 1130 St.

Primary Registration District No. 2004 Registered No. 111

Hospital

FULL NAME OF CHILD Roberta Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			l	Dec 26 1920

FATHER	MOTHER
FULL NAME Robt Harrison	FULL MAIDEN NAME Mary K. Boyd
RESIDENCE Barber	RESIDENCE Barber
COLOR w	COLOR W
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Canada	BIRTHPLACE Canada
OCCUPATION Lawyer	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Jno. Berck MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Dec 29, 1920

R. E. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 5 1945

255-254
001-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. x

File No. 85430

No. ..... St.

Primary Registration District No. 1004

Registered No. 461

Hospital St Alphonsus

FULL NAME OF CHILD Mary Delle Bennett

Sex of Child F.E.

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 11 (Month) 24 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Geo W. Bennett	FULL MAIDEN NAME	Vertie Stewart
RESIDENCE	Pocoletta Id	RESIDENCE	Pocoletta
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rail Road (Brakeman)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Billing Ed

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Dec 9 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-108
001-219

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 85431

Registered No. 463

Full Name of Child William Daniel White

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Dec 8th 1920

FATHER

FULL NAME William D. White

RESIDENCE Boise

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ontario, Oregon

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Mary Elizabeth Barger

RESIDENCE Boise

COLOR White

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Jacksonville, Oregon

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-20 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Gregory M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19..... Registrar

Address 1107 N. 8th St. Boise Idaho

Filed Dec 14 1920. R. N. Batt Registrar

CERTIFICATE OF BIRTH

FEB 11 1966

of Chil

349-215-001-553

[redacted]

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 402 S. 5th St.

Hospital St. A. Thomas

Registration District No. 2

Primary Registration District No. 1004

File No. 85432

Registered No. 462

FULL NAME OF CHILD Barbara Nelle Amdall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	12 15 1920

FATHER		MOTHER	
FULL NAME	Owen Amdall	FULL MAIDEN NAME	Helene Nelson
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Ill
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 1622 Warb St

Filed Dec 17 1920

R H Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

SEP

695-208-001-864

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 506 N. 10th St.

Hospital —

Registration District No. 2 File No. 85433

Primary Registration District No. 1004 Registered No. 164

FULL NAME OF CHILD Evelyn Virginia Winn

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 12 (Month) 8 (Day) 1920 (Year)

FATHER

FULL NAME Geo. W. Winn

RESIDENCE 506 N. 10th St., Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Nebraska

OCCUPATION Baker

MOTHER

FULL MAIDEN NAME Evelyn Houghton

RESIDENCE 506 N. 10th St., Boise, Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Colorado

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 45 p. M. on the date above stated.

(Signature) J. M. Taylor M. D.

(Physician or midwife)

Address Boise, Idaho

Filed Dec 14 1920

R. H. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

231-102-001-818

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 916 Sherman St.

Hospital St Luke's.

Registration District No. 2 File No. 85434

Primary Registration District No. 1084 Registered No. 465

FULL NAME OF CHILD Edward J Black Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
m		l	Dec 2 1920

FATHER	MOTHER
FULL NAME Edward J Black	FULL MAIDEN NAME Pearl L Hays
RESIDENCE 916 Sherman	RESIDENCE 916 Sherman St.
COLOR w AGE AT LAST BIRTHDAY 39 (Years)	COLOR m AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Mo.	BIRTHPLACE Ind.
OCCUPATION Foundryman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address 303 McCarty Bldg

Filed Dec 14 1920

Boise Ida

Registrar

R. H. Pratt

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331 - 130-001-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 85435

Registered No. 466

FULL NAME OF CHILD Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	XX		XX	No	Nov. 30 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Isabel Clark
RESIDENCE		RESIDENCE	Boise Idaho.
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White — AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE	Minn.
OCCUPATION		OCCUPATION	Waitress.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward F. Brier M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 303-304 McCarty Bldg.

Filed Dec 14 1920 R. H. Pratt

Registrar

Registrar

S-Y-CO 38071

285 - 204 - 001 - 266

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 85436

No. 1705 N. 17 St.

Primary Registration District No. 10-4 Registered No. 467

Hospital

FULL NAME OF CHILD LEELENA EDNA Sheeley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				l	Dec 4 1920

FATHER	MOTHER
FULL NAME: John Chester Sheeley	FULL MAIDEN NAME: Nora May Swope
RESIDENCE: 1705 N 17	RESIDENCE: 1705 N 17
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Ia
OCCUPATION: Bridge Supt.	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn), at 9:45 A.M. on the date above stated.

(Signature) Dr John Boeck M.D.

(Physician or midwife)

Address 303 McCarty Bldg

Filed Dec 14 1920 Boise Idaho

Registrar R.N. Rudd

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85436
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Sheeley	Leelena Edna Sheeley

Subscribed and sworn to before me this 6
day of Nov., 19 41
Helen M. Wilson
Notary Public, residing at Lewiston
My commission expires 1-12-42
[SEAL]

Signed Mrs. C (Nora Mae) Sheeley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
916 - 9th Ave Lewiston Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Lewis } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of Nov., 19 41
Notary Public, residing at Lewiston
My commission expires Feb 1942
[SEAL]

Signed J. C. Sheeley
(Signature of any credible person other than the previous affiant.)
916 - 9th Ave
(Street Address, City, State)
Lewiston, Idaho

Received for filing on ..... By .....
(Registrar's signature)

719-112-001-55-7

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of Ada Amended 9/11/74

City of Boise Registration District No. 2 File No. 85437

No. 622 1/2 S. 13ths. Primary Registration District No. 1004 Registered No. 468

Hospital

FULL NAME OF CHILD Jack Eldene Garrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M	XX	XX	Yes.	Dec. 12 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Speed E. Garrett	FULL MAIDEN NAME: Florence Engelke
RESIDENCE: 622 1/2 S. 13th Boise	RESIDENCE: 622 1/2 S. 13th. Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Utah
OCCUPATION: Elevator man	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.18 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J Bunn MD

(Physician or midwife)

Address 303-304 McCarty Bldg

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Dec 14 1920

R M Pratt
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 11 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss. SEP 11 12 52 PM '74

Certificate No. 85437

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jack Elden Garrett (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1920 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jack Elden Garrett	Jack Eldene Garrett

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Own child birth certif cate Jerry Leland Garrett born July 7, 1940 at Boise Idaho State file # 296847 gives fathers name as Jack Eldene Garrett.
Viewed by VS

SEP 11 1974

Voters Registration Card Pima County , Arizona - by Ira Mae Smyth County Recorder Precinct No. 040 , Jack Eldene Garrett Registration date May 6 1971.
Viewed by VS

Marriage certif cate No. 44180 State of Nevada , County of Elko Married Dec. 12,1964 - Jack E. Garrett and Phyllis Davis by Justice of the Peace Edward F. Lunsford.
Viewed by VS

796 - 106-001-618

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Ada

City of Boise

No. 401 Main

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2

File No. 85438

Primary Registration District No. 1004

Registered No. 469

FULL NAME OF CHILD Francis Proctor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Dec 6 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis A. Proctor	FULL MAIDEN NAME	Anna Wahlquist
RESIDENCE	401 Main	RESIDENCE	401 Main St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Dolphinholme Eng	BIRTHPLACE	Salt Lake Ay Mt.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 710 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy D.O.

(Physician or midwife)

Given names added from a supplemental report.

Address 916 State St

19

Filed Dec 14 1920

R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-114-001-553

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 85439

No. ——— St.

Primary Registration District No. 1004 Registered No. 470

Hospital St. Alphonsus

FULL NAME OF CHILD Nathan Milo Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	12 — 14 — 1920

FATHER		MOTHER	
FULL NAME	Nathan M. Gardner	FULL MAIDEN NAME	Mary Nelson
RESIDENCE	Holcomb, Idaho	RESIDENCE	Holcomb, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 40 a. M. on the date above stated.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho.

Filed Dec 23. 1920

R. H. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-203-001-363

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1115 State St.

Hospital St Alphonsus

Registration District No. 2 File No. 85440

Primary Registration District No. 1004 Registered No. 471

FULL NAME OF CHILD Dortha Ann Hinkey (DOROTHY HINKEY)

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? l | Date of Birth Dec 3 1920 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME W A Hinkey HINKEY	FULL MAIDEN NAME Neva G Cole
RESIDENCE 1115 State	RESIDENCE 1115 State
COLOR w AGE AT LAST BIRTHDAY 25 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ida	BIRTHPLACE Wash
OCCUPATION State insurance claim ifam	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John Boeck MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Boise Ida

Filed Dec 23 1920 R H Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Wilber A. Hinkey being first duly sworn deposed and says that he is a citizen of the United States, over twenty-one years of age, residing at Boise, Idaho, and is the father of Dorothy Ann Hinkey, born December 3rd, 1920 at Boise, Idaho. He further states that Dr. John Boeck erronously gave the name of the baby as Dortha Ann Hinckey, in the certificate of birth filed with the Bureau of Vital Statistice, Department of Public Welfare, whereas the correct name is Dorothy Ann Hinkey.

(Signed) Wilber A. Hinkey

Subscribed and sworn to before me, the undersigned authority, on the 17th day of February, 1921

G. M. Church

Notary Public
Title of officer taking acknowledgement.

Residing at Boise Idaho

OCT 28 1957

795-210-001-551

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2 File No. 85441

Primary Registration District No. 1004 Registered No. 472

FULL NAME OF CHILD not yet named Margaret Pierce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) — 10 (Day) — 1920 (Year)

FATHER		MOTHER	
FULL NAME	Walter E. Pierce	FULL MAIDEN NAME	Maud E. Evans
RESIDENCE	1519 Harrison Blvd	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Pensylvania
OCCUPATION	Realtor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Falkman

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 400 Idaho Bldg, Boise

Filed Dec 23 1920

R. H. Pratt
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Own child's birth cert. #364250, shows name as Margaret Pierce, viewed by V.S.
Confirmation Certificate, shows name as Margaret Pierce, date June 27, 1937, at St. Michael's Cathedral, Boise, by Frederick Barrten viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 85441
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for not named Pierce (Name on Original Certificate) who was born (Was Born or Died) on 12-10-1920 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Not named Pierce	Margaret Pierce

Subscribed and sworn to before me this 8th day of May, 1959
Wm W. Hedrick
Notary Public, residing at Boise Idaho
My commission expires My Commission expires March 15, 1961.
(Seal)

Signed Maude E. Pierce
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
3011 Crescent Rim Dr. Apt #1 Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of May 1959
Wm W. Hedrick
Notary Public, residing at Boise, Idaho
My commission expires My Commission expires
(Seal)

Signed Nettie H. Gilmore
(Signature of Any Credible Person)
1624 Holden Lane Boise Idaho
(Street Address, City, State)

FORM DPH 55.155

MAY 13 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769 - 115-001 - 249

PLACE OF BIRTH

County of Ada

City of Boise

No. 1915 N. 17 St.

Hospital

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. X

Primary Registration District No. 1004

File No. 85442

Registered No. 473

Full Name of Child Roger William Gordon

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Dec 15 1920

FATHER		MOTHER	
FULL NAME	William M. Gordon	FULL MAIDEN NAME	Rose Smithbal
RESIDENCE	1915 N. 17 St Boise Ida	RESIDENCE	1915 N 17 St. Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Dallas Texas	BIRTHPLACE	St James Minn
OCCUPATION	Motorman	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. P. French M. D.

(Physician or midwife)

Address 417 Overland Bld. Boise, Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed Dec 28 1920

R. N. Pratt

Registrar

962-223-001-955

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 85443

No. ____ St.

Hospital St. Alphonsus — Primary Registration District No. 1004 — Registered No. 474

FULL NAME OF CHILD Mary Elizbeth Roberts

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Dec. 23 1920

	FATHER	MOTHER
FULL NAME	John William Roberts	FULL MAIDEN NAME Josephine Reed
RESIDENCE	Belgravia Apts. Boise Ida.	RESIDENCE Boise Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	30 (Years)
BIRTHPLACE	Iowa	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec. 23-1920, at 12:30 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers M.D.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Dec 24. 1920

R. A. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

386-123-001-653

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 110 N. 19th St.

Registration District No. 2

Primary Registration District No. 1004

File No. 85444

Registered No. 475

Hospital

Full Name of Child Geo. Roland Lyon

SEX OF CHILD	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		2	Yes	12 - 23 - 20

FATHER

FULL NAME: H. Clair Lyon

RESIDENCE: Boise

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Minnesota

OCCUPATION: Transfermon

MOTHER

FULL MAIDEN NAME: Flora Welty

RESIDENCE: Boise

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Oklahoma

OCCUPATION: Housekpr.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Address

Filed Dec 24, 1920 P. H. Pratt Registrar

Given names added from a supplemental report

....., 19....

..... Registrar

465-125-001-439

PLACE OF BIRTH

County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

City of Boise

Registration District No. 8

File No. 85445

No. 1016 Puebla St.

Primary Registration District No. 1004

Registered No. 496

Hospital

FULL NAME OF CHILD Ivan Leroy Montgomery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 21 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ivan O Montgomery	FULL MAIDEN NAME	Marie McGinnis
RESIDENCE	1016 Puebla St	RESIDENCE	1016 Puebla St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Dairy	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. P. Higgs

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 1622 Warm St

Filed Dec 28 1920

R. H. Pratt
Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 2 1959

897-224-001-Stanley

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 7 File No. 85446

No. ..... St.

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 477

FULL NAME OF CHILD Elizabeth Lucresia

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Dec 14 1920

	FATHER	MOTHER
FULL NAME	James Higgenbotham	Agnes Van Zante
RESIDENCE	Filer, Ida.	Buhl, Ida.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Indiana	Running Water, S. Dak.
OCCUPATION	Soldier	Housekeeper

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

(Signature) Eva Callister

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

Registrar

Filed Dec 28 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

146-120-001-669

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2501 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 85447

Registered No. 478

FULL NAME OF CHILD Fred Charles Duff

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
m				yes	Dec	20	20

FATHER		MOTHER	
FULL NAME	Robert M. Duff	FULL MAIDEN NAME	M. Forbes
RESIDENCE	2501 Ada	RESIDENCE	2501
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Texas
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at _____ M. on the date above stated.

(Signature) Dr. Jno. Boeck M.D.

(Physician or midwife)

Address

Filed Dec 29 1920

R. N. Pratt
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/6/41. w.h.

359-121-001-893

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 527 So 16th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 85448

Registered No. 179

FULL NAME OF CHILD James Raymond Terrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				L	Dec 21 1920

FATHER	MOTHER
FULL NAME W. L. Terrell	FULL MAIDEN NAME Paralee Hill
RESIDENCE 527 So. 16th	RESIDENCE 527 So 16
COLOR black	COLOR black
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE No. Carolina	BIRTHPLACE Virg
OCCUPATION Janitor	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Jno. Boeckel MD

(Physician or midwife)

Address

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed Dec 29 1920

R. A. Craft
Registrar

294-228-001-212

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1512 State St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 85449

Registered No. 480

LILLIAN

Full Name of Child Mary Virginia Drus

SEX OF CHILD Fe | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | DATE OF BIRTH 12 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Karl Drus	FULL MAIDEN NAME	Lillian Bakke
RESIDENCE	1512 State St	RESIDENCE	1512 State St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wis
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pilling Jr

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed Dec 29 1920 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NIS HEADQUARTERS

RELEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 85449

AUG 21 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Virginia Druse (Name on Original Certificate) who was born (Was Born or Died) on December 28, 1920 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on January 19, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Virginia Druse	Mary Virginia Lillian Druse

Subscribed and sworn to before me this 17th
day of August, 1943.

E. K. Stearns

Notary Public, residing at Portland, Oregon

My commission expires March 13, 1944
(Seal)

Signed Karl J Druse (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6217 S.E. 34th - Portland - Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of August, 1943.

E. K. Stearns

Notary Public, residing at Portland, Oregon

My commission expires March 13, 1944
(Seal)

Signed Gladys L. Stearns
(Signature of Any Credible Person Other Than Previous Year)

4707 - SE. Henry St.
(Street Address, City, State)
Portland, Oregon

AUG 2 4 1943

575-113-001-494

PLACE OF BIRTH

Form V. S. No. 11-C--25m 7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 706½ Idaho St.

Hospital

Registration District No. 2 File No. 85450

Primary Registration District No. 1004 Registered No. 481

FULL NAME OF CHILD Louis Epeldi

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 (Month) 13 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Pedro Epelde	FULL MAIDEN NAME	Marie Urutia
RESIDENCE	706½ Idaho	RESIDENCE	706½ Idaho
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Rutting Jr.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 17 1920

R. M. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 706 1/2 Idaho St.

(If born in hospital or institution give name.)

RECEIVED

APR 20 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 370 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Louis Epeldi

3. Sex M

If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth 3

6. Premature; Full term yes

7. Legitimate? yes

8. Date of birth Dec 13, 1921 (Month, Day, Year)

FATHER	MOTHER
9. Full name Pedro Epeldi	18. Full maiden name Marie Urratia
10. Residence (usual place of abode) (If non-resident, give place and State) 706 1/2 Idah	19. Residence (usual place of abode) (If non-resident, give place and State) 706 1/2 Idaho
11. Color or race W. 12. Age at last birthday 34 (years)	20. Color or race W. 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Spain (Basco)	22. Birthplace (city or place) (State or Country) Spain (Basco)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepherder	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2% argyol.

28. Number of children of this mother 3. (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Fred A Pittenger, M. D.

or ....., Midwife

Address Boise Idaho

Filed 4-17, 1940 R. Sharp
Registrar.

Give name [redacted] a suppleme

(Date of)

Registrar.

DEC 6 1989

JUN 18 1945

DEC 01 1999

381-214-001-159

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 607N 6th St.

Hospital

Registration District No. 2 File No. 85451

Primary Registration District No. 1004 Registered No. 482

FULL NAME OF CHILD M Teresa Lejardi

Sex of Child Female | ~~Twin Triplet or other?~~ and ~~Number in order of birth~~ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec (Month) 14th (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Pedro Lejardi	FULL MAIDEN NAME	Petra Aerregui
RESIDENCE	607N 6th St. Boise, Ida	RESIDENCE	607N 6th St. Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Shepherder	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed Dec 17 1920

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-115-001-417

PLACE OF BIRTH

County of Ada

City of Boise

No. St. Alphonsus St.

Hospital St. Alphonsus

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 85452

Primary Registration District No. 1004 Registered No. 483

Full Name of Child Carl Orin Torrey

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	Dec 15 1920

FATHER		MOTHER	
FULL NAME	Guy C Torrey	FULL MAIDEN NAME	Mabel M Magee
RESIDENCE	Garden Valley Idaho	RESIDENCE	Garden Valley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Marshfield, Oregon
OCCUPATION	Ranching	OCCUPATION	Housework

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M D

(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Given names added from a supplemental report

..... 19....

Registrar

Filed Dec 20 1920 R N Ball

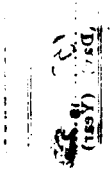
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/20/41 L. E.



366 - 226-001-156

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1410 Wash. St.

Registration District No. 8 File No. 85453

Hospital

Primary Registration District No. 1004 Registered No. 484

FULL NAME OF CHILD Dorothy Elizabeth Coon

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. (Month) 26 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harry M. Coon	FULL MAIDEN NAME	Salome Jewell
RESIDENCE	1410 Wash. St. Boise, Id.	RESIDENCE	Boise, Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho.
OCCUPATION	Stockman & rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov. 26-20, at 5:30 p. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise. Idaho,

Registrar

Filed Dec 9. 1920 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/28/41 L. B.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3749 - 218-001-154

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2

Primary Registration District No. 1004

File No. 85454

Registered No. 485

FULL NAME OF CHILD Shirley Audrea Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 — 18 — 1920

FATHER

FULL NAME: Fowler Smith

RESIDENCE: 506 Pueblo St. Boise, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Music Teacher

MOTHER

FULL MAIDEN NAME: Mary Audrea

RESIDENCE: 506 Pueblo St, Boise, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Sweden,

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Braxton M.D.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 9 1920

R H Pratt
Registrar

7-8-41

SEP 8 1966

268-223-001-253 (Be sure the information is complete and accurate)

Amended 8-19-66

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 85455
Local Reg. No. 486
Reg. Dist. No. 2

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): St. Luke's

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Helen

b. (Middle): Jane

c. (Last): Boyes

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 11 - 23 - 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Smith

b. (Middle): Earle

c. (Last): Boyes

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

10. USUAL OCCUPATION: Merchant

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Helen

b. (Middle): Y.

c. (Last): Ketchen

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. N. Braxton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Boise, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 9, 1920

22. REGISTRAR'S SIGNATURE: R. H. Pratt

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. ... the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ON OF VITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 85455

County of Ada

City of Boise

Registration District No. 2

No. ——— St.

Primary Registration District No. 1004 Registered No. 486

Hospital St. Luke's

FULL NAME OF CHILD Helen J. Boyce

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 11 (Month) – 23 (Day) – 1920 (Year)

FATHER	MOTHER
FULL NAME: L. Earl Boyce	FULL MAIDEN NAME: Helen Y. Ketchen
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: Iowa
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 805 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Brayton M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Dec 9 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 19 1966

AFFIDAVIT

Own Child's Birth Cert. on file(Idaho Birth): #51-05519 gives full name of mother as Helen Jane Boyes - viewed by V.S. Statement from St. Luke's Hospital, dated Aug. 11, 1955, signed by Minnie M. Nelson, Medical Records Librarian states "This is to certify that according the records of this hospital a Baby Girl was born to Mr. and Mrs. Earl Boyes of Caldwell, Idaho on Nov. 23, 1920."- viewed by V.S.

STATE OF Idaho

COUNTY OF Ada

Marriage License & Certificate gives name as Helen Jane Boyes married to Gene C. Wisler in County of Canyon on Aug.22, 1944.
Viewed by V. S.

Confirmation Certificate of father gives name as Smith Earle Boyes. Confirmed May 18, 1900 in Christ Church, Austin Minnesota. H. B. Whipple, Minister(Rector).
Viewed by V. S.

Baptismal Certificate of father gives name as Smith Earle Boyes, Administered in Christ's Church. Austin, Minn. on May 18, 1900. Sponsers, Mrs. M. J. Johnson & May N. Boyes.
Viewed by V. S.

To whom it may concern:

I, Mrs Helen K Boyes do hereby swear that the following statements are true as to the birth of Helen Jane Boyes.

1. Birth date: Nov. 23, 1920

2. Birth place: St Lukes Hosp. Boise

3. Parents' Names:

   Father S Earle Boyes

   Mother Helen Kelchen Boyes

4. Age of person signing affidavit: 78 years

5. Reason of knowledge of this birth: Mother

Signed Helen K Boyes (Mrs Earle

Subscribed and sworn to before me this 14th day of March, 1966.

Mary Strode

My Notary Commission expires 9-6- 1967.

one copy pd. rec. #9741. -

962-221-001-366

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 3 File No. 85456

No. ..... St.

Hospital St Alph. Primary Registration District No. 004 Registered No. 487

FULL NAME OF CHILD Virginia Mae Robertson

Sex of Child F | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Nov. 21 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Lenny Roberts

RESIDENCE 310 Mother St Boise

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Idaho

OCCUPATION Steam Fitter

MOTHER

FULL MAIDEN NAME Vallie Townsellers

RESIDENCE Boise

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Missouri

OCCUPATION H.D.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A M. on the date above stated.

(Signature) W S Peters

Boise

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Dec 9 1920

R H Pratt

Registrar

SEP 18 1942

JUN 15 1953

PLACE OF BIRTH 967-204-001-863

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1208 Jeff St.

Hospital

Registration District No. 4

Primary Registration District No. 1004

File No. 85457

Registered No. 488

Full Name of Child Myrtle Arleta Rogers

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Fem.		1	Yes	11 — 4 — 1920

FATHER

FULL NAME: Claud A. Rogers

RESIDENCE: Boise

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: So. Dakota

OCCUPATION: Nurse

MOTHER

FULL MAIDEN NAME: Lovisa Holland

RESIDENCE: Boise

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: So. Dak.

OCCUPATION: Housekpr.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Broom

(Physician or midwife)

Address

Given names added from a supplemental report

....., 19....

Registrar

Filed Dec 9, 1920

R. N. Pratt

Registrar

of each, in order of birth stated.

165-203-001-619

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Boise

No. 1208 Jeff St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 85458

Registered No. 489

Full Name of Child Helen Marie Jones

SEX OF CHILD Fem.

~~Twin Triplet~~ or other? and Number in order of birth 1 (To be answered only in event of plural births)

Legitimate? Yes

DATE OF BIRTH 12 (Month) 3 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ralph C. Jones	FULL MAIDEN NAME	Edna R. Warren
RESIDENCE	Wylie sta.	RESIDENCE	Wylie station
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Minn.
OCCUPATION	Shipping clerk	OCCUPATION	Housekpr.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed Dec 9 1920 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-128-001-797

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 121 Bannock St.

Hospital St. Lukes.

Registration District No. 2

Primary Registration District No. 1004

File No. 85459

Registered No. 490

FULL NAME OF CHILD John Skillern

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 11 (Month) 28 (Day) 1920 (Year)

FATHER

FULL NAME: Fletcher Hays Skillern

RESIDENCE: Buhl, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Tenn.

OCCUPATION: Wool Grower

MOTHER

FULL MAIDEN NAME: Gertrude Piper

RESIDENCE: Buhl, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Minn

OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

(Signature) Dr. J. Carl Hill

E, M.

(Physician or midwife)

Address

Filed Dec 9. 1920

R. N. Pratt
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 85459

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Skillern (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 28, 1920 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Aunt (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Unnamed child	Name omitted	John Skillern

Subscribed and sworn to before me this 25
day of July, 19 42.

Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(SEAL)

Signed Mrs R. J. MacNamara
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

100 Main Boise, Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

318-227-001-35-6

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 3 File No. 85460

No. — St.

Hospital St. Luke's

Primary Registration District No. 1004 Registered No. 491

FULL NAME OF CHILD Margaret Jean Taylor

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 11 (Month) — 27 (Day) — 1920 (Year)

FATHER	MOTHER
FULL NAME J. P. Taylor, Jr.	FULL MAIDEN NAME Laura Anne Lewis
RESIDENCE 1107 N. 19th St., Boise, Idaho	RESIDENCE 1107 N. 19th St., Boise, Idaho
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Missouri	BIRTHPLACE California
OCCUPATION Civil Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Dec 9 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1964

Amended 8/24/73

249 - 226 -001-595

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 85461
Local Reg. No.
Reg. Dist. No. 2

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: L412 N. 17th

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 1412 N. 17th St.

3. CHILD'S NAME (Type or print)
a. (First): Elsie b. (Middle): Claire c. (Last): Smith

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	11 26 1920

FATHER OF CHILD

7. FULL NAME a. (First): E. b. (Middle): C. c. (Last): Smith

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
37 YEARS	Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Alice b. (Middle): Phoebe c. (Last): Vincen

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
33 YEARS	Idaho	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Taylor, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Boise, Idaho
20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: Dec. 9, 1920
22. REGISTRAR'S SIGNATURE: R. H. Pratt
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 5:30 PM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

DECEASED 4-5-07 ID 07-2731

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

3 15 73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 23 10 59 AM '73
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85461

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Elsie Claire Smith (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1920 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers maiden name	Vincent	Vincen

Subscribed and sworn to before me this 16 day of March, 1973

Bella H. Morris

Notary Public, residing at Boise Idaho

My commission expires June 19, 1977

(Seal)

Signed Pearl B McDonald
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1217 S Roosevelt Boise Idaho 83705
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Family Bible record gives name as Alice Pheobe Vincen born Mar. 17, 1887. Appears to be very old. Viewed by V. S.

Picture of Margaret Vincen born Oct. 23, 1854. died Feb.14, 1939. grandmother of Alice Vincen. Viewed by V. S.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 6 File No. 85461

No. 1412 N. 17th St.

Primary Registration District No. 1004 Registered No. 1992

Hospital —

FULL NAME OF CHILD Elsie Claire Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11-26-1920

FATHER	MOTHER
FULL NAME E. C. Smith	FULL MAIDEN NAME Alice Phoebe Vincent
RESIDENCE 1412 N. 17th St., Boise, Idaho	RESIDENCE 1412 N. 17th St., Boise, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Dec 9 1920

R H Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1973

AUG 24 1973

959-222-001-493

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1st & Bannock St.

Hospital St. Lukes

Registration District No. 2

File No. 85462

Primary Registration District No. 1004

Registered No. 493

Full Name of Child Caroline Perry

SEX OF CHILD Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 11 (Month) / 22 (Day) / 1920 (Year)

FATHER	MOTHER
FULL NAME Thomas D. Perry	FULL MAIDEN NAME Charlotte H. Mills
RESIDENCE Hailey, Idaho	RESIDENCE Hailey, Idaho
COLOR White AGE AT LAST BIRTHDAY 35 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Vermont	BIRTHPLACE Vermont
OCCUPATION Bank President	OCCUPATION House-wife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. Carl Hill
E.H.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address

Filed Dec 9. 1920 R H Pratt
Registrar

N. B.—In case of more than one child at birth, a SEPARATE ... of each, in order of birth stated.

SEP 1 5 1952

819 - 119-001-864

PLACE OF BIRTH

[redacted]

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ....., ... St.

Hospital St. Alphonsus

Registration District No. 4

File No. 85463

Primary Registration District No. 1004

Registered No. 494

FULL NAME OF CHILD Gerald Webster Haines

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2nd	yes	11 - 19 - 1920

	FATHER	MOTHER
FULL NAME	Herald Wesley Haines	FULL MAIDEN NAME Grace Young
RESIDENCE	Ada Co	RESIDENCE Ada Co
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	24	23
BIRTHPLACE	KS	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 8-30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Bowers

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec 9, 1920 R H Pratt

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

357-1/22-001-249

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 412 State St.

Hospital St. Alphonsus

Registration District No. 4

Primary Registration District No. 1004

File No. 85464

Registered No. 495

Full Name of Child ROBERT CHARLES LePROHN

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	11 / 22 / 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm C. Le Prohn	FULL MAIDEN NAME	Bonnie May Smith
RESIDENCE	519 N. 6th Boise.	RESIDENCE	519 N. 6th St Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Illinois
OCCUPATION	Mechanical Draftsman	OCCUPATION	House-wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7-a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill
E.H.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Dec 9. 1920 R. H. Pratt
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 85464

Date Filed

State of California } ss.
County of Kern

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Le Prohn (Name on original certificate) who born (Was born or died) on November 22, 1920 (Date of event) in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by letter (Bible record, insurance policy, etc.) prepared on October 21, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	LeProhn	LeProhn
Name	Unnamed	Robert Charles

Subscribed and sworn to before me this 4th day of November, 1941.

F. E. Baldes
Notary Public, residing at Oildale, Calif.
My commission expires March 21, 1942
[SEAL]

Signed Bonnie May Le Prohn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Box 197X Bakersfield California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California } ss.
County of Kern

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of November, 1941.

F. E. Baldes
Notary Public, residing at Oildale, Calif.
My commission expires March 21, 1942
[SEAL]

Signed H C Le Prohn
(Signature of any credible person other than the previous affiant.)

Route 1, Box 197X Bakersfield California
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-230-001-651

PLACE OF BIRTH

County of [redacted]

City of Boise

No. ..... St.

Hospital St Alphonsus

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 85465

Primary Registration District No. 1004

Registered No. 496

Full Name of Child Kathalene Mae Sharp

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Female		Yes	October 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles R. Sharp	FULL MAIDEN NAME	Eva Belle Weaver
RESIDENCE	1419 State St. Boise Idaho	RESIDENCE	1419 State St. Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Truck Driver	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M D

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address 417 Overland Bldg. Boise Idaho

Filed Dec 9 1920 R H Pratt

Registrar

795-228-001-555

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1113 N 16th St.

Hospital

Registration District No. 3

Primary Registration District No. 1004

File No. 85466

Registered No. 497

FULL NAME OF CHILD Myrtle Grebe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 28 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Chas T. Grebe	FULL MAIDEN NAME	Nina B. Newhard
RESIDENCE	1113 N 16th St, Boise, Ida	RESIDENCE	1113 N 16th St Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Ohio
OCCUPATION	Auto dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address 1622 Warm St Boise, Idaho

Registrar

Filed Dec 9 1920 R H Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-128-001-419

Form V. S. No. 11—Rev-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1716 State St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 85467

Registered No. 498

FULL NAME OF CHILD Thomas George Powell, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 28 1920

FATHER

FULL NAME: Thomas George Powell, Sr.

RESIDENCE: 1716 Stste

COLOR: White

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Salesman.

MOTHER

FULL MAIDEN NAME: Merl[illegible] Martin

RESIDENCE: 1716 State

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Portland Oregon.

OCCUPATION: House wife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Collins

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 20 1920 R. N. Pratt Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1975

OCT 2 9 1984

3/5/41 L. B.

DECEASED

433-212-001-183

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 85468

No. ..... St.

Primary Registration District No. 1004 Registered No. 499

Hospital St. Alphonsus

FULL NAME OF CHILD Mary Ellen McClaran

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Ray M. McClaran	FULL MAIDEN NAME	Olga Ahlers
RESIDENCE	R1 Bx280, Boise, Ida	RESIDENCE	Route 1 Box 280 Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill per A.W.B.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address 309 Empire Blg. Boise

Filed Dec 20 1920 R.H. Pratt Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1943

285-217-001-464

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 7 File No. 85469

No. ..... St.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 500

FULL NAME OF CHILD Hazel Virginia Sherrill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
FE.		YES	12 17 1920

FATHER		MOTHER	
FULL NAME	James W. Sherrill	FULL MAIDEN NAME	Dollie Douglas
RESIDENCE	Horseshoe Bend.	RESIDENCE	Horseshoe Bend
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Idaho
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Dec 20 1920

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ }ss.
County of _____ }

Certificate No. 85469

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Unnamed	Unnamed	Hazel Virigina Sherrill

Subscribed and sworn to before me this 4 day of Nov., 43

Pauline Ambrose
Notary Public, residing at Boise
My commission expires 11/7/47
(Seal)

Signed Mrs Dorothy Sherrill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

Notary Public, residing at _____
My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

NOV 6 1943

666-115-001-315
PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 9 File No. 85470

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Donald Richard Woods Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 15 1920

FATHER	MOTHER
FULL NAME David F. Woods Wood	FULL MAIDEN NAME Zelen Camafax
RESIDENCE Eagle	RESIDENCE Eagle
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Arkansas	BIRTHPLACE Arkansas
OCCUPATION Salesman	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George K. Hall M.D.
Physician
(Physician or midwife)

Address McCarty Bldg Boise Idaho

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed Dec 28 1920 Frederic R. Lewis
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 19

551-208-001-796

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Eagle N.W.

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 85471

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Jeanne Evans

Sex of Child F M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 8 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Harvey Evans	FULL MAIDEN NAME	Amy Evelyn Prosser
RESIDENCE		RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	78 (Years)	AGE AT LAST BIRTHDAY	72 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hall

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Stas Idaho

Filed Jan 1 1921 Frederic P. Lewis Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1976

295-217-001-343

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL ~~STATISTICS~~

CERTIFICATE OF BIRTH

County of Ada

City of Eagle — Registration District No. 4 — File No. 85472

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD LOUISE E. Breshears

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
F.	1			yes	12	17	20

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence E. Breshears	Inez Allen
RESIDENCE	Eagle Idaho	Eagle Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Hw

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. Allen Calloway

Physician

(Physician or midwife)

Address Boise Idaho.

Filed June 17 21 19.1 — Frederick L Burns Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 8-5472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 17, 1920 (DATE OF EVENT)
in Eagle, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Jakie E. Brashears

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(SEAL)

Signed Mary A. Dallas (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

7 (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(SEAL)

Signed (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By (REGISTRAR'S SIGNATURE)

693-127-001-954

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 85473

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Albert William Willard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Dec. 27 1920

FATHER		MOTHER	
FULL NAME	Maurice Hoyt Willard	FULL MAIDEN NAME	Mary Lydia Sims
RESIDENCE	Born California	RESIDENCE	Born Illinois
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Residence Star Ida	BIRTHPLACE	Residence Star Idaho
OCCUPATION	Mechanic	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Hall M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Star Idaho

Filed Jan 1 1921 Frederic K. Lewis M.D. Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85473

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for None Given (Name on Original Certificate) who was born (Was Born or Died) on Dec. 27, 1980 (Date of Event) in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother's personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Albert William Willard Lydia Willard Newman

Subscribed and sworn to before me this 26 day of Dec, 1944

Ora Talbot

Notary Public, residing at Star

My commission expires June 1946
(Seal)

Signed Lydia Willard Newman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 1 Caldwell Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Dec, 1944

Ora Talbot

Notary Public, residing at Star

My commission expires June 1946
(Seal)

Signed A E Sims
(Signature of Any Credible Person Other Than Previous Year)

705-So-7th Caldwell Ida
(Street Address, City, State)

JUL 9 1954

255-109-001-249

Form V. S. No. 11—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Star

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 85474

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Frederick Seward Beckwater

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Dec 9 1919

	FATHER	MOTHER
FULL NAME	Woodrell Beckwater	FULL MAIDEN NAME Grace Smith
RESIDENCE	Star, Idaho	RESIDENCE Star, Idaho
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Iowa	BIRTHPLACE Idaho
OCCUPATION	Salesman	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredric K. Lewis M.D.

(Physician or midwife)

Address Star, Idaho

Given names added from a supplemental report.

....19....

Filed Jan. 1 1920 Fredric K. Lewis M.D. Registrar

....Registrar

U. S. 24656

Dup of 1920-277445

253-201-001-791

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna RR #2

Registration District No. 124 File No. 85475

No. ..... St.

Primary Registration District No. 2202 Registered No. 74

Hospital .....

FULL NAME OF CHILD Mary Fern Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec. 1 1920

FATHER	MOTHER
FULL NAME George Lawrence Bell	FULL MAIDEN NAME Sarah Marie Gray
RESIDENCE Kuna Idaho RR #2	RESIDENCE Kuna Idaho RR #2
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Hot Springs So. Dakota	BIRTHPLACE Jefferson So. Dakota
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) R. M. Bowell M.D.

(Physician or midwife)

Address Kuna Idaho.

Filed Dec 10 1920

Registrar

Registrar R M Bowell

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1965

159-204-003-253

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs

Registration District No. # 82 File No. 85476

No. ..... St.

Primary Registration District No. ..... Registered No. 31

Hospital .....

FULL NAME OF CHILD Alice Avrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec 4 1920

FATHER		MOTHER	
FULL NAME	Jessie Eugene Avrey	FULL MAIDEN NAME	Emma Bell
RESIDENCE	Lava Hot Springs, Ida	RESIDENCE	Lava Hot Springs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Lava Hot Springs	BIRTHPLACE	Weston Idaho
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Mid Wife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lava Hot Springs Idaho

Elis Kirk Fry
Registrar

Filed Dec 31 1920 Elis Kirk Fry
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-127-003-764

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

85477

County of Bannock

City of Lava Hot Springs Registration District No. #82 File No.

No. St.

Primary Registration District No. Registered No. 49

Hospital

FULL NAME OF CHILD Devern Smith Potter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 27 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Bert Potter	FULL MAIDEN NAME	Clara Josephine Godfrey
RESIDENCE	Lava Hot Springs Ida	RESIDENCE	Lava Hot Springs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho Falls	BIRTHPLACE	Lava Hot Springs Ida
OCCUPATION	Farming	OCCUPATION	Farming

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances F. Merrick

Lava Hot Springs Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Mid Wife

Ellis Kaufer Registrar

Filed Dec 31 1920 Ellis Kaufer Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-203-003-159

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs Registration District No. #82 File No. 85478

No. ..... St.

Primary Registration District No. ..... Registered No. 30

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

FULL NAME OF CHILD Dorothy Mariah Bloxham

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			YES	Dec 8 1920

	FATHER	MOTHER
FULL NAME	Robert Ray Bloxham	FULL MAIDEN NAME Getta Josephine Covey
RESIDENCE	Lava Hot Springs	RESIDENCE Lava Hot Springs Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	Lava Hot Springs Idaho	BIRTHPLACE Lava Hot Springs Ida
OCCUPATION	Farming	OCCUPATION Farming

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) alive, at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frances T. Merrick

Mid. Wife (Physician or midwife)

Address Lava Hot Springs Idaho

Given names added from a supplemental report. ..... 19.....

Registrar

Filed Dec 31 1920

Registrar

713-123-083-749 (Please return)

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85479

County of Bannock

City of Pocatello

No. 404 So. 6th St.

Registration District No. 28

File No. 14

Primary Registration District No. 16

Registered No.

Hospital

FULL NAME OF CHILD George Pattis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	11-23 (Month) (Day) 20 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Pattis	Myrtle Purkey
RESIDENCE	404 So. 6th	404 So. 6th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Greece	Pocatello
OCCUPATION	Prop. Pool Hall	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Lynn

Physician

(Physician or midwife)

Address 845 W. Whitman

Given names added from a supplemental report.

.....19.....

Registrar

Filed 12/1/19 20

Registrar

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1960

JAN 2 6 1967

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 83 — File No. 85486

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Raymond Perkins Monson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	July 2 1920.

FATHER		MOTHER	
FULL NAME	Fred L. Monson	FULL MAIDEN NAME	Margaret Perkins
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Richmond, Utah.	BIRTHPLACE	Mapleton, Ida.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6th — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

Jan 3 — 1921

H. J. Hartvigsen.
Registrar

Address Downey, Idaho

Filed July 15, 1920 — H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

456 - 215-003-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Howe

Registration District No. 53

File No. 85481

No. [illegible] St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Gladys Howe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 15 1920

FATHER		MOTHER	
FULL NAME	William A Howe	FULL MAIDEN NAME	Mary Sorenson
RESIDENCE	Howe, Idaho	RESIDENCE	Howe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

Dec 4 — 1921

H J Hartvigsen
Registrar

Address Howe Idaho

Filed Dec 16 1920

H J Hartvigsen.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-105-003-813

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. R.F.D. St.

Hospital

Registration District No. 83 File No. 85483

Primary Registration District No. Registered No.

FULL NAME OF CHILD David Reese Day

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Day	FULL MAIDEN NAME	Edith Halverson
RESIDENCE	Downey Idaho	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Richmond, Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Dec 14 1920

H. J. Hartvigsen
Registrar

Address Downey, Idaho

Filed Sept. 15, 1920. H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-104-003-194

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

Registration District No. 83 File No. 85484

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Maurice Armstrong Toler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 4 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	S. M. Tier	FULL MAIDEN NAME	Goldie Armstrong
RESIDENCE	Robin, Ida	RESIDENCE	Robin, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Richmond Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:50 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

Jan — 4 — 1921

Address Downey, Idaho

H. J. Hartvigsen
Registrar

Filed July, 20, 1920. H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1962

249-[illegible]-003-652

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85485

County of Bannock

City of Pawney

Registration District No. 88

File No.

No. [illegible] St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Sarah Ena Jean Burrup

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	Oct. 31 1920.

FATHER		MOTHER	
FULL NAME	John L. Burrup	FULL MAIDEN NAME	Ena Vdest,
RESIDENCE	Pawney, Idaho	RESIDENCE	Pawney, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pawney, Ida.	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Harrington, Phys.
Physician
(Physician or midwife)

Address Pawney, Ida.

Given names added from a supplemental report.

January 4 1921

J. C. Harrington
Registrar

Filed Oct. 10, 1920. H. J. Harrington.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-101-003-795

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon Registration District No. 23 File No. 85486

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph Myrle Raymond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	July 1 1920

FATHER		MOTHER	
FULL NAME	Clegg Raymond	FULL MAIDEN NAME	Fortunia A. Green
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oxford, Ida.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Malad, Ida.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Harkingsen, Physician

(Physician or midwife)

Given names added from a supplemental report.

January 4 1921. Address Downey, Idaho

H. J. Harkingsen Registrar

Filed July 10, 1920 H. J. Harkingsen Registrar

Certified Copy issued January 6, 1941. E.M.

236-221-003-255

AMENDED MOTHER'S MAIDEN NAME 6-3-97 MS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 83 File No. 85487

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Alta Eudora Stones

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) - 21 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	George L. Stones	FULL MAIDEN NAME	ROSELLA ~~Rose Videtta Kendall~~ VIDELLA KENDALL
RESIDENCE	Downey, Idaho	RESIDENCE	Downey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Franklyn, Idaho	BIRTHPLACE	Oxford, Idaho
OCCUPATION	Soboser	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartrigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Downey, Idaho

Filed 12-28 1920

H. J. Hartrigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

4-28-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
97 MAY -9 AM 9:26

State of _____ } ss.
County of _____

Certificate No. 1920-85487
Date Filed DEC. 28, 1920

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for ALTA EUDORA STONES (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on DEC. 21, 1920 (Date of Event)

in DOWNEY (BANNOCK) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
MOTHER'S MAIDEN NAME	ROSE VIDETTA KENDALL	ROSELLA VIDELLA KENDALL

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x Alta E Anderson
Signature of Applicant

2902 W 4400 S Weston Idaho 83286
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May

Notary Public, Patricia P. Harris
Residing at Lewiston, Utah
My commission expires March 4, 1998
(Seal)

Notary Public
PATRICIA P. HARRIS
Lewiston, Utah
My Commission Expires
March 4, 1998
State of Utah

Supporting Signature

Street Address, City, State

1cc sent 4-24-97

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 3/13/17 FILE #1917-48539 SHOWS ANNA VIDELLA STONE BORN FEB. 9, 1917 IN OXFORD (FRANKLIN) ID TO ROSELLA VIDELLA KENDALL AND GEORGE STONE VIEWED VS.

CERTIFICATE OF DEATH FILED 8/23/61 FILE #61-3328 SHOWS ROSELLA VIDELLA KENDALL STONE RASMUSSEN DIED AUG. 9, 1961 IN WESTON (FRANKLIN) ID VIEWED VS.

318-222-003-236

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83 File No. 85488

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Verna Zella Sayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	12 (Month) - 22 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	Orson A Sayton	FULL MAIDEN NAME	Rozella Stones
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Downey, Idaho	BIRTHPLACE	Mapleton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey Idaho

Filed 12-28-1920 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 9 1972

614-112-003-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85489

County of Bannock

City of Downey

~~No.~~ R. F. D. ~~St.~~

Registration District No. 83 File No.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Verl J. Waddoups

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) - 12 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	John E. Waddoups	FULL MAIDEN NAME	Sarah Bunrup
RESIDENCE	Downey R.F.D.	RESIDENCE	Downey, R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:55 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report.

Dec - 24 - 1920

Address Downey, Idaho.

H. J. Hartvigsen
Registrar

Filed 11 - 20 - 1920

H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 8 1942

366-218-003-386

Amended 2/1/72

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85490

County of Bannock

City of Pocatello

Registration District No. 83

File No.

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Merle Coffin,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				yes	June	18	1920

FATHER		MOTHER	
FULL NAME	C. D. Coffin	FULL MAIDEN NAME	Sardonia Thompson
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Oxford, Idaho	BIRTHPLACE	Richmond, Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Harrington

Physician (Physician or midwife)

Given names added from a supplemental report.

Dec — 23 — 1920

H. J. Harrington Registrar

Address Pocatello Idaho

Filed June 30, 1920 H. J. Harrington Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5 K

MAR 2 6 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 31 1 41 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 85490

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Merle Coffin (Name on Original Certificate) who was born (Was Born or Died) on June 19, 1920 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	June 19, 1920	June 18, 1920

Subscribed and sworn to before me this 9 day of July, 1970

Notary Public, residing at Downey, Idaho

My commission expires 3-11-73

(Seal)

Signed Fern Thompson Hartwigsen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fern Thompson Hartwigsen

Downey, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of July, 1970

Notary Public, residing at Downey, Idaho

My commission expires 3-11-73

(Seal)

Signed Merle Coffin

(Signature of Any Credible Person)

Downey, Idaho 83234

(Street Address, City, State)

K FORM DH 60-155 CL 6/3/70 1 cc pd. rec. # 34239

FEB 1 1972.

Letter from Ward Clerk of LDS Church of Arimo, Idaho. Gives name as Merle Coffin Tippets and date of birth as June 18, 1920. Born in Downey, Idaho. Viewed by V. S.

Transcript from school gives name as Merle Coffin born June 18, 1920. Date of graduation May 1940. Viewed by V. S. (Marsh Valley High School)

168-213-003-884

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Blackfoot Registration District No. 83 File No. 85491

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Betty Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	11 — 13 — 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mark L. Johnson	Ida Boyde
RESIDENCE	Blackfoot, Idaho	Blackfoot, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 6th — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1115 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report.

Dec — 7 — 1920
H. J. Hartvigsen
Registrar

Filed 11 - 20 - 1920
H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 11 1959

599-111-003-355

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 53 File No. 85492

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD John Reed Criddle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	11 — 11 — 1930

FATHER		MOTHER	
FULL NAME	J. E. Criddle	FULL MAIDEN NAME	Chloe Genter
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	white	AGE AT LAST BIRTHDAY (Years)	28
COLOR	white	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

(Signature) H. J. Hartvigsen, M.D.
Physician
(Physician or midwife)

Address Pocatello, Idaho

Filed 11-15-1930

H. J. Hartvigsen.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Dec — 15 — 1930

H. J. Hartvigsen.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-215-003-343

Amended 5-2-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 85493
Local Reg. No.
Reg. Dist. No. 83

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oxford

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oxford, Idaho

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mildred b. (Middle): Bell c. (Last): Fisher

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Nov. 15, 1920

FATHER OF CHILD

7. FULL NAME

a. (First): Victor b. (Middle): Russel c. (Last): Fisher

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
35 YEARS	Oxford, Ida.	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Jennie b. (Middle): Cecil c. (Last): Tucker

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
31 YEARS	Tenn.	5	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Allen R. Cutler

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-8-1920

22. REGISTRAR'S SIGNATURE: H. J. Hartvigsen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

...ue district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 12 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 85493

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Mildred Bell Fisher (Name on Original Certificate) who was born (Was Born or Died) on Nov. 15, 1920 (Date of Event)

in Oxford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by self knowledge (Bible Record, Insurance Policy, Etc.) prepared on 3rd April 1968 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Residence of Mother	Clifton, Idaho	Oxford, Idaho
Name of Mother	Jennie Cecile Tucker	Jennie Cecil Tucker

Subscribed and sworn to before me this 5 day of April, 1968

Notary Public, residing at Oxford, Idaho
My commission expires 4-16-70
(Seal)

Signed Jennie Cecil Tucker Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oxford, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of April, 1968

Notary Public, residing at Oxford Idaho
My commission expires 4-16-70
(Seal)

Signed Marie Hatch
(Signature of Any Credible Person)

Oxford, Idaho
(Street Address, City, State)

CL 8-9-67. nm

FORM DH 60-155

LDS Cert of Baptism and Confirmation, June 1, 1929, gives full name as Mildred Fisher daughter of Victor R. Fisher and Jennie C. Tucker, born Nov. 15, 1920 at Oxford, Idaho - viewed by VS.

MAR 0 1 2001

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 24 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 85493

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Fisher (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 15, 1920 (Date of Event)
in Oxford, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mildred Bell Fisher

Subscribed and sworn to before me this 19th day of May, 1965

Isaac Wood

Notary Public, residing at Clifton, Idaho

My commission expires Jan. 1968

(Seal)

Signed X Cecil T. Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 1965

Isaac Wood

Notary Public, residing at Clifton, Idaho

My commission expires Jan. 1968

(Seal)

Signed X Susan B. Fisher
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 4-2-65. nm one copy pd. rec. #14961 - one copy pd. rec. #14961//

L.D.S. Church Cert. of Blessing, Feb. 6, 1921 gives full name as Mildred Bell Fisher, daughter of Victor R. Fisher and Cecil Tucker, born Nov. 15, 1920 at Oxford, Idaho - viewed by V.S.

JUL 15 1965

MAY 20 1968

Photo Copy of Own Child's Birth Cert., State of Utah, gives full name of child as Garth Fisher Toone, born June 28, 1952 at Logan, Utah to Darrel Bennett Toone and Mildred Belle Fisher, age 31, born in ~~Grace, Ida~~ Oxford, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 85493

Primary Registration District No. [illegible] Registered No. .....

FULL NAME OF CHILD Mildred Bell Fisher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Victor Russel Fisher	FULL MAIDEN NAME	Jennie Cecile Tucker
RESIDENCE	Oxford, Ida	RESIDENCE	Clifton, Ida
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Oxford, Ida	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutts

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed 12-8-1920 [illegible] Registrar

195-205-003-699

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

Registration District No. 8-3 File No. 85494

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ✓

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 5 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter E. Jenkins	FULL MAIDEN NAME	Dora E. Fritze
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	St. Anthony, Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Preston, Idaho

Filed 12-8-1920 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-119-003-494

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Virginia

Registration District No. 83 File No. 85495

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Edir Horatio Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7 (Month) - 19 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	James H. Henderson,	FULL MAIDEN NAME	Ruth Drury
RESIDENCE	Virginia, Idaho	RESIDENCE	Virginia, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Swan Lake, Ida.	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

Dec - 20 - 1920

Address Downey, Idaho

H. J. Hartvigsen
Registrar

Filed Aug. 5, 1920 H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236 - 203-003 - 415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83

File No. 85496

No. R of R St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Mabel Geo Bloxham

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	11 — 3 — 1920

FATHER		MOTHER	
FULL NAME	Fredrick F. Bloxham	FULL MAIDEN NAME	Essie Davis
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Downey.	BIRTHPLACE	Akron, Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:25 P. M. on the date above stated.

(Signature) H. J. Hartwigsen, M. D.

Physician

(Physician or midwife)

Address Downey, Idaho

Filed 11 — 15 — 1920

H. J. Hartwigsen
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

December — 15 — 1920

H. J. Hartwigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 19

697-102-003-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 83 — File No. 85197

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD EUGENE Morgan Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	11 — 2 — 1920

FATHER		MOTHER	
FULL NAME	E. C. Wilson	FULL MAIDEN NAME	Edna Morgan
RESIDENCE	Downey, Ida.	RESIDENCE	Downey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Brigham, Ida.	BIRTHPLACE	Brigham
OCCUPATION	Salesman	OCCUPATION	Wife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Harbrigger, M.D.
(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report.

Dec — 10 — 1920

H. J. Harbrigger
Registrar

Filed 11 — 15 — 1920

H. J. Harbrigger
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Box Elder }

Certificate No. 85497

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 2, 1920 (DATE OF EVENT)
in Downey, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Wixom	Eugene Morgan Wixom

Subscribed and sworn to before me this 13 day of Jan., 19 42.

Leona Rowe

Notary Public, residing at Brigham City

My commission expires March 5, 1944 (SEAL)

Signed Eugene C Wixom
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

217 So. 1st East, Brigham City, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of Jan., 19 42.

Leona Rowe

Notary Public, residing at Brigham City, Utah

My commission expires March 5, 1944 (SEAL)

Signed Wilma M. Wixom
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

217 So. 1st East, Brigham City, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By _____
(REGISTRAR'S SIGNATURE)

JAN 8 1974

255-104-003-143

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Virginia

Registration District No. 83 File No. 85498

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Wayne Joseph Bennett

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) — 4 (Day) — 1920 (Year)

FATHER		MOTHER	
FULL NAME	T. W. Bennett	FULL MAIDEN NAME	Harriet Juchau
RESIDENCE	Virginia Idaho	RESIDENCE	Virginia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Dec - 20 - 1920

Address Downey, Idaho.

H. J. Hartvigsen Registrar

Filed 11 - 9 - 1920 H. J. Hartvigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

389-106-003-312

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Aramo

Registration District No. 83 File No. 85499

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD GEORGE MILTON ~~[illegible]~~ Christiansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	11 (Month) - 6 (Day) - 1920 (Year)

FATHER		MOTHER	
FULL NAME	A H Christiansen	FULL MAIDEN NAME	Eliza Casper
RESIDENCE	Aramo, Ida	RESIDENCE	Aramo, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kilgore, Ida.	BIRTHPLACE	Lewisville, Idaho
OCCUPATION	School Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hartigsen, M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

Dec-18- 1920

Address Mawney Idaho

L. J. Hartigsen Registrar

Filed 11-15-1920

L. J. Hartigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 85499

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Milton Wray Christiansen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov-6-1920 (DATE OF EVENT)
in Ames Bannock Co Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Milton Wray Christiansen	Geo. Milton Christiansen

Subscribed and sworn to before me this 17 day of January, 19 42

Notary Public, residing at Boise Idaho

My commission expires 5/20/44
(SEAL)

Signed Albert H Christiansen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2012 - No 18th St Boise Ida
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of January, 19 42

Notary Public, residing at Boise Idaho

My commission expires 5/20/44
(SEAL)

Signed Eliza Christiansen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2012 No 18th St. Boise Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAR 2 0 1975

399-213-003-~~215~~ 214

last name amend 10-23-34

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85500

County of Bannock

City of Downey — Registration District No. 83 — File No.

No. ____ St.

Primary Registration District No. ____ Registered No.

Hospital ____

FULL NAME OF CHILD Vera May Criddle Van Sauven

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	7 – 13 – 1920

FATHER		MOTHER	
FULL NAME	Lorin Criddle	FULL MAIDEN NAME	Mabel Van Sauven
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

Dec – 15 – 1934

H. J. Hartvigsen
Registrar

(Signature) H. J. Hartvigsen, M.D.
Physician
(Physician or midwife)

Address Downey, Idaho

Filed 11 – 20 – 1934 H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

10-19-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OCT 19 1984

rcpt n.m.

State of Idaho
County of Bannock } ss. BUREAU OF VITAL STATISTICS STANDARDS AND LOCAL HEALTH SERVICES

Certificate No. 85500
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vera May Van Leuven (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 13, 1920 (Date of Event)

in Downey (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs last name	Van Leuven	Criddle

Subscribed and sworn to before me this 22 day of OCTOBER, 1984

Notary Public John L. Menlove Jr.

Residing at Pocatello, Idaho

My commission expires LIFE TERM

(Seal)

x Vera May Criddle
Signature of Applicant

x 1289 Santa Anita
Street Address, City, State

Pocatello Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BANNOCK } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 nd day of OCTOBER, 1984

Notary Public John L. Menlove Jr.

Residing at Pocatello, Idaho

My commission expires LIFE TERM

(Seal)

x Thomas V. Criddle
Supporting Signature

Street Address, City, State

K

rec credit

Certificate of Baptism from LDS Church gives Vera May Criddle daughter of L Criddle and Mabel Van Leuven born July 13, 1920 at Downey was baptised Nov 4, 1928. Viewed by V.S

Birth Certificate from LDS Church gives Vera Mary Criddle born July 13, 1920 at Downey. Entered on record Aug 1, 1920. Viewed by V.S.

OCT 23 1984

319-130-003-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85501

County of Bannock

City of Downey — Registration District No. 83 — File No.

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD John Mavis Larsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	7 - 30 - 1920.

FATHER	MOTHER
FULL NAME John M. Larsen	FULL MAIDEN NAME Ethel Mavis
RESIDENCE Downey, Idaho	RESIDENCE Downey, Idaho
COLOR white — AGE AT LAST BIRTHDAY 42 (Years)	COLOR white — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Preston, Idaho
OCCUPATION Garage mechanic	OCCUPATION housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Bartholomew
Physician
(Physician or midwife)

Given names added from a supplemental report.

Dec - 21 — 1920 — Address Downey, Idaho

H. L. Bartholomew
Registrar

Filed Aug. 10, 1920

H. L. Bartholomew
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, in order of birth stated.

SEP 15 1944

253 - 219-003-546

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Sp'g

Registration District No. 30 File No. 85502

No. ..... St.

Primary Registration District No. 30 Registered No. .....

Hospital .....

FULL NAME OF CHILD La Vern Delpha Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 19 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Moorse Bell Jr.	FULL MAIDEN NAME	Elizabeth Edwards
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Norwich England
OCCUPATION	Deputy Sherrif	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 47 M. on the date above stated.

(Signature) Mrs Kittie Craig
Midwife
(Physician or midwife)

Address Lava Hot Springs

Filed DEC 1 1920 [illegible]

Registrar

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369 - 208-003-897

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 84 File No. 85503

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Ruth Corbett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 8th, 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	J.Fred Corbett	FULL MAIDEN NAME	Louisa G.Higginson
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Hatch Idaho.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.55 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician.
Bancroft Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed ..... 19....

[signature]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1966

JAN 15 1945

367 - 214-003-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

Registration District No. 84

File No. 85504

No. ..... St.

Primary Registration District No. 2161

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Cornelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	December 14 19 20

FATHER	MOTHER
FULL NAME: James E. Cornelson	FULL MAIDEN NAME: Mary Ellen Jenkins
RESIDENCE: Bancroft Idaho	RESIDENCE: Bancroft Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: North Carolina	BIRTHPLACE: Malad Idaho.
OCCUPATION: Farmer	OCCUPATION: housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen V. Cornelson

physciain
(Physician or midwife)

Address Bancroft Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed ..... 19.....

O V Cornelson M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1944

866-108-003-386

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Kelly

Registration District No. 84 File No. 85505

No. ..... St.

Primary Registration District No. 2161 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph Monroe Howell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. 8th (Month) (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Robert A. Howell	FULL MAIDEN NAME	Panula A Thompson
RESIDENCE	Kelly	RESIDENCE	Kelly
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Blackfoot Idaho.	BIRTHPLACE	Chesterfield Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Oscar V. Linhurst

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bancroft Idaho.

Filed ..... 19....

O V Linhurst
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FORM V. S. NO. 278. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH 85505

Place of Birth

City Kelly

Street and House No.

County Bannock.

Registered No. 84

Registration Dist. No. 3161.

Sex of Child ~~Howe~~ male

Date of Birth Dec. 8 1920
MONTH DAY YEAR

Father Robert A. Howell
FULL NAME

Mother Ponola A. Thompson
FULL MAIDEN NAME

I Hereby Certify that the child described herein has been named:

Ralph Monroe Howell
GIVEN NAME IN FULL SURNAME

as reported by Robert A. Howell
FATHER OR MOTHER

[illegible]
LOCAL REGISTRAR

OCT 9 1985

Amended 6-2-61

PLACE OF BIRTH

5-93-205-082-811

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 85506

Hospital St. Anthony's Hosp Primary Registration District No. 2161 Registered No. 3503

FULL NAME OF CHILD Dorothy Marie Eichelberger
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Nov. 5, 1920

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: William Henry Eichelberger	FULL MAIDEN NAME: Lenora Haas
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: America	BIRTHPLACE: Pocatello, Idaho
OCCUPATION: Fireman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) A. M. Newton, M.D.

Physician (Physician or midwife)

Address Pocatello

Filed 1-1-1921 J.R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85506

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Maria Eichelberger (Name on Original Certificate) who was born (Was Born or Died) on Nov. 5, 1920 (Date of Event),
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date); are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorothy Maria Eichelberger	Dorothy Marie Eichelberger
Full Name of Father	William Henery Eichelberger	William Henry Eichelberger

Subscribed and sworn to before me this 29 day of March, 19 .....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of March, 19 61

Signed Clarence R Eichelberger
(Signature of Any Credible Person)

Notary Public, residing at Orangevale
My commission expires Oct 23 1964
(Seal)

7924 Excelsior Orangevale, Calif
(Street Address, City, State)

FORM DH 60-155

CL 3-24-61. one copy pd. receipt #13867.

Another child's birth certificate on file: Idaho Birth: #160643 gives full name of father as William Henry Eichelberger - viewed by V.S.

State of Idaho Marriage License and Marriage Certificate, Bannock County, married Dec. 16, 1919 gives full name of groom as William Henry Eichelberger and full maiden name of bride as Lenorrah Haas - viewed by V.S.

State of Idaho Marriage License and Marriage Certificate, Bannock County, married Aug. 14, 1937 gives full name of groom as Heber D. Marley and full maiden name of bride as Dorothy Marie Eichelberger- viewed by V.S.

Own Child's Birth Certificate on file: (Idaho Birth) #333431 gives full maiden name of mother as Dorothy Marie Eichelberger - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85506

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 6

No. ____ St. 7th. Ave.

Hospital St. Anthony's Hospital — Primary Registration District No. 2161 — Registered No. 2387

FULL NAME OF CHILD. Dorothy Maria Eichelberger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 30 5:12 A.M. 1920

FATHER	MOTHER
FULL NAME: William Henery Eichelberger	FULL MAIDEN NAME: Senora Haas
RESIDENCE: Pocatello Idaho	RESIDENCE: Pocatello
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: America	BIRTHPLACE: Pocatello Idaho
OCCUPATION: Fireman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 A.M. Nov 30, on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Newton M.D.

(Physician or midwife)

Address Prairie

Given names added from a supplemental report.

19____

Registrar

Filed 1/1 1921

Registrar

JUN 2 1961

893-118-003-396

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Registration District No. 28 File No. 185507

No. ..... St.

Hospital Pocatello, Ida Primary Registration District No. 2161 Registered No. 3541

FULL NAME OF CHILD Edward Hill

Sex of Child M. | Twin Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 18 (Day) 1920 (Year)

FATHER

FULL NAME Wm Smallwood Hill

RESIDENCE Pocatello, Idaho

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Los Angeles, Cal.

OCCUPATION Auto Salesman

MOTHER

FULL MAIDEN NAME Maud Lillis Crane

RESIDENCE Same

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Montpelier, Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 23 P. M. on the date above stated.

(Signature) J M Kay

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1921

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 29 1963

318-116.003-312

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 454, S. Second St.

Hospital

Registration District No. 28

Primary Registration District No. 2161

File No. 85508

Registered No. 353

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 16 20

FATHER	MOTHER
FULL NAME: Philip Thomas Taylor	FULL MAIDEN NAME: Amy Lish
RESIDENCE: Pocatello, Idaho.	RESIDENCE: Pocatello, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Fairview, Idaho.	BIRTHPLACE: Honeyville, Utah.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 11:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. Howard M.D.

(Physician or ~~midwife~~)

Address Pocatello, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 1/1 1921

J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

355-113-003-249

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 85309

Primary Registration District No. 2161 Registered No. 3504

FULL NAME OF CHILD Burt John Tensemeyer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
M				Yes	11	15	20

	FATHER	MOTHER
FULL NAME	John Dave Tensemeyer	Margeret Burt
RESIDENCE	Pocatello	Salmon
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Iowa	Utah.
OCCUPATION	Time Keeper R.R.	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12.40 P M. on the date above stated.

(Signature) D Ray M D

(Physician or midwife)

Address Pocatello Idaho

Filed 1/1 19 21

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

863-114-003-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85510

County of Bannock

City of Pocatello

Registration District No. 28 File No. 67

No. ..... St. 7th Ave.

Primary Registration District No. 2161 Registered No. 3505

Hospital St Anthony

FULL NAME OF CHILD William Charles Holmes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male	X			Yes	Nov. (Month) 14 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Harold Holmes	FULL MAIDEN NAME	Ethel Winegar
RESIDENCE	816 So Main, City	RESIDENCE	816 So Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Boston, Mass.	BIRTHPLACE	San Francisco, Cal.
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean M. Newton

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Pocatello

Registrar

Filed 1/1 1921 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-214-003-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85511

County of Bannock

City of Pocatello Registration District No. 28 File No. 27

No. ..... St. 7th Ave., Primary Registration District No. 2161 Registered No. 3506

Hospital St C. Hosp

FULL NAME OF CHILD Winifred Eleanor Holmes

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X			yes	Nov. 14 1920

FATHER	MOTHER
FULL NAME Harold Holmes	FULL MAIDEN NAME Ethel Wenstrom
RESIDENCE 816 So Main, City	RESIDENCE 811 So. Main
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Boston, Mass.	BIRTHPLACE San Francisco, Cal.
OCCUPATION Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Hiram Newton

(Physician or midwife)

Address Pocatello Idy

Filed 1/1 1921 H. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

399-22-003-866

PLACE OF BIRTH

Amended March. 2, 1955

County of Bannock

City of Pocatello

No. 905 N. Arthur St.

Hospital General

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 85512

Primary Registration District No. 2161 Registered No. 3507

FULL NAME OF CHILD MARIAN LUCY CRISWELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	11-22-192 0

What bacterioidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Horace B. Criswell	FULL MAIDEN NAME	Lucy Vivian Howell
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	R. R. Brakeman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Roeds

Physician
(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 1/1 1921 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 25 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85512

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Lucy Criswell (Name on Original Certificate) who was born (Was Born or Died) on 11-22-20 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Mary	Marian

Subscribed and sworn to before me this 2nd day of
February, 1955

Notary Public, residing at Pocatello, Idaho
My commission expires .....
(Seal)

Signed Lucy Vivian Criswell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
105 N Arthur Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of
February, 1955

Notary Public, residing at Pocatello, Idaho
My commission expires 11-13-57,
(Seal)

Signed Horace B Criswell
(Signature of Any Credible Person)
925 N Arthur Pocatello Idaho
(Street Address, City, State)

DPH 52-155

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 905 N. Arthur St.

Hospital General

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85512

Registration District No. 28 File No. 67

Primary Registration District No. 2141 Registered No. 3507

FULL NAME OF CHILD Mary Lucy Baby Criswell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	-	-	-	Yes	11 - 22 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Horace B. Criswell	FULL MAIDEN NAME	Lucy Vivian Howell
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	R. R. Bkman.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello

Registrar

Filed 1/1 1921 [signature] Registrar

NOV 5 1962

367-222-003-455

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85513

County of Bannock

City of Pocatello

No. 117 No. Johnson St.

Registration District No. 28 File No. 67

Primary Registration District No. 2161 Registered No. 3508

Hospital

FULL NAME OF CHILD Louise Cox.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl	and Number in order of birth	Yes	Nov. 22 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Cox	FULL MAIDEN NAME	Ida Catherine Devers
RESIDENCE	117 N. Johnson	RESIDENCE	117 N. Johnson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Platt City Mo.	BIRTHPLACE	Smithville Mo.
OCCUPATION	Livery Man	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Ida

Registrar

Filed 1/1 1921 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4 1942

242-123-003-445

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bannock

City of Inkom

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85514

Registration District No. 28 File No. 67

Primary Registration District No. 2161 Registered No. 3509

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 23 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Lionel Bush.	FULL MAIDEN NAME	Jessie Dunn.
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 10:42 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Inkom, Ida.

Filed 1/1 1921 J R Young Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-123-003-546

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85515

County of Bannock

City of Pocatello

Registration District No. 28 File No. 67

No. 132 So Hayes St.

Primary Registration District No. 241 Registered No. 3510

Hospital General

FULL NAME OF CHILD Baby Gasser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	–		–	yes	11 (Month) 23 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ivan Gasser.	FULL MAIDEN NAME	Lucile Edwards
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pocatello.	BIRTHPLACE	Pocatello
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Pocatello.

Given names added from a supplemental report.

19

Address

Registrar

Filed 1/1 1921 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4114-127-903-342 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH [redacted] STATE OF IDAHO

BUREAU OF VITAL STATISTICS

County of Bannock amend 10-27-82 CERTIFICATE OF BIRTH 85516

City of Pocatello Registration District No. 28 File No. 67

No. 1206 N Garfield Primary Registration District No. 216 Registered No. 3571

Hospital

FULL NAME OF CHILD Mack James Madsen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	11 27 1920

FATHER

FULL NAME: Brigham Madsen

RESIDENCE: Pocatello

COLOR: wh AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Lydia Cushing

RESIDENCE: same

COLOR: wh AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION: housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 10 A.M. on the date above stated.

(Signature) L Ray MD

(Physician or midwife)

Address Pocatello Idaho

Filed 1/1 1924 J W Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

10-13-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 26 8 17 AM '82
VITAL STATISTICS

State of _____ } ss.
County of _____

Certificate No. 85516
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Weston Madsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 27, 1920 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Weston Madsen	Mack James Madsen

Subscribed and sworn to before me this 20th day of October, 19 82

Notary Public, Leola S. Madsen

Residing at Garden City, Utah

My commission expires May 7th 1986

(Seal)

X Mack J. Madsen
Signature of Applicant

Garden City, Utah 84028
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Cert of Blessing from LDS Church gives Mack James Madsen born 11-27-20 at Pocatello to Brigham Madsen and Lydia Cushing and was blessed 1-2-21. Viewed by V.S.

OCT 27 1982

Certificate of Ordination in LDS Church to the office of a Deacon gives Mack James Madsen was ordained on 11-20-32. Viewed by V.S.

553-127-003-843

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 85517

No. ____ St.

Hospital General

Primary Registration District No. 2161 Registered No. 3512

FULL NAME OF CHILD Baby Nelson.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	10-27 1920

FATHER		MOTHER	
FULL NAME	Carlos Nelson	FULL MAIDEN NAME	Hazel Louise Hulse
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah.	BIRTHPLACE	Iowa.
OCCUPATION	R. R. fireman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) Fred Roberts

Physician

(Physician or midwife)

Address Pocatello.

Filed 1/1 1921 J. H. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

819 - 106 - 003 - 445

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 28 File No. 85518

Primary Registration District No. 2161 Registered No. 3573

FULL NAME OF CHILD Lew Simmons Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	4 - 6 - 1920

FATHER

FULL NAME Parry Simmons Harrison

RESIDENCE Pocatello

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Logan, Utah. U.S.A.

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Lucille Dunn

RESIDENCE Pocatello

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Provo, Utah. U.S.A.

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) [illegible] M.D.

Pocatello
(Physician or midwife)

Address Pocatello

Filed 1/1 19 21

[illegible]
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813 - 202-003-397

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85519

County of Bannock

City of Pocatello Registration District No. 28 File No. 67

No. ..... St.

Hospital General Hosp Primary Registration District No. 2161 Registered No. 3514

FULL NAME OF CHILD Clorice Jean Hackett.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes.	Sept 2 - 1920

FATHER	MOTHER
FULL NAME Allen Booth Hackett.	FULL MAIDEN NAME Clorice Tippets.
RESIDENCE 737 W. Benton.	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Utah
OCCUPATION Car inspector - U S L.	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

Bx 119. Pocatello
(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4/1 1921 [signature] Registrar

443-122-003-291

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85520

County of Bannock

City of Pocatello

No. 627 So. Main St.

Hospital General

Registration District No. 28 File No. 67

Primary Registration District No. 2161 Registered No. 3515

FULL NAME OF CHILD Charles Douglass Mullett

Sex of Child boy | Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Charlie James Mullett	FULL MAIDEN NAME	Sarah Louise Braby
RESIDENCE	627 So. Main.	RESIDENCE	627 So Main.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Salt Lake City, Ut.	BIRTHPLACE	Salt Lake City
OCCUPATION	Mgr. of Gray News Co	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] MD

Pocatello
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Pocatello

Filed 1/1 1921

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-102-003-245

PLACE OF ~~BIRTH~~

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28 File No. 85521

No. ..... St.

Primary Registration District No. 2161 Registered No. 3576

Hospital .....

FULL NAME OF CHILD DeLore Marley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		Yes	Dec 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Owen Marley	FULL MAIDEN NAME	Minnie Simms
RESIDENCE	Robin, Ida	RESIDENCE	Robin, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill

Physician + Surgeon (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon

Filed 1/1 1921

Registrar

M. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss.

Certificate No. 85521
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of DeLore Marley Birth (Birth or death)
for DeLore Marley (Name on original certificate) who was born (Was born or died) on Dec. 2, 1920 (Date of event)
in Robin, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church Record and our own Record book (Bible record, insurance policy, etc.) prepared on immediately after Birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Marley	DeLore Marley
Born Dec. 2, 1920		DeLore Marley

Subscribed and sworn to before me this 16th
day of Dec., 1941
Notary Public, residing at Arimo, Idaho
My commission expires Aug. 12, 1944
[SEAL]

Signed Owen Marley Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Father, Owen Marley, Sr.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of Dec., 1941
Notary Public, residing at Arimo, Idaho
My commission expires Aug. 12, 1944
[SEAL]

Signed Marion L. Crump
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

FEB 21 1952

235-205-003-366

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. R.R. Rout. 1 St.

Hospital —

Registration District No. 28 File No. 85522

Primary Registration District No. 2141 Registered No. 3517

FULL NAME OF CHILD Alda Caroline Stewart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 5 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Taylor Stewart	FULL MAIDEN NAME	Caroline Cowley
RESIDENCE	Pocatello Idaho R.R. 1.	RESIDENCE	Pocatello Idaho R.R. 1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W. Clark MD

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 1/1 1921

J R Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1957

155-105-003-285

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85523

County of Bannock

City of Pocatello

No. 208 North Grant St.

Hospital

Registration District No. 28 File No. 67

Primary Registration District No. 2161 Registered No. 3520

FULL NAME OF CHILD DAN BYERS Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		1	Yes	December 5 1920 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford H. Jensen	FULL MAIDEN NAME	Nelle M. Byers
RESIDENCE	208 North Grant St. Poca.	RESIDENCE	208 North Grant Ave. Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Warne, North Carolina
OCCUPATION	Repairman O.S.L. R.R.	OCCUPATION	Nurse & Hwk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho

Registrar

Filed 1/1 1921

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAP

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 85523
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born ~~or Died~~) on Dec 5, 1920 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Jensen	Dan Byers Jensen

Subscribed and sworn to before me this 6th day of March 1942

F. E. Tydeman
Notary Public, residing at Pocatello, Idaho.
My commission expires Feb. 12, 1944.
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock. }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1942

F. E. Tydeman.
Notary Public, residing at .....
My commission expires Feb. 12, 1944
(Seal)

Signed Mrs. W H Jensen
(Signature of Any Credible Person Other Than Previous Year)

RLD 1- No.
(Street Address, City, State)
Pocatello Ida.

AUG 3 1 1943

251-205-003-251

Form V. S. No. 11-C--25m-7-21-19

85524

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 85524

No. ..... St.

Primary Registration District No. 2161 Registered No. 3518

Hospital St. Anthony's

FULL NAME OF CHILD Lucile Keating

Sex of Child Female | ~~Twin Triplet~~ or other? 1 and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec. (Month) 5 (Day) 2 35 A.M. 1920 (Year)

FATHER		MOTHER	
FULL NAME	Frank E. D. Keating	FULL MAIDEN NAME	Sarah M. Knable
RESIDENCE	175-3 Rosevelt Ave.	RESIDENCE	175-3 Rosevelt Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Dakota	BIRTHPLACE	Iowa
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 35 A.M. M 11/5/20 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Registrar

Address Pocatello

Filed 1/1 1921

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 2 2 1942

165-105-003-236 Amended 10-12-55

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85525

County of Bannock

City of Pocatello

Registration District No. 28 File No.

No. 344 So Main St.

Primary Registration District No. 2161 Registered No. 35

Hospital

FULL NAME OF CHILD Frank Edward Jones

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	12 5 1920

FATHER		MOTHER	
FULL NAME	Frank E. Jones.	FULL MAIDEN NAME	Lydia Stones
RESIDENCE	344 So Main.	RESIDENCE	same
COLOR	wh	COLOR	wh.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant.	OCCUPATION	hswf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1240 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) H C Young

(Physician or ~~midwife~~)

Address Pocatello

Filed 1/1 1921 H C Young
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 85525

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (unnamed male child) (Name on Original Certificate) who born (Was Born or Died) on December 5, 1920 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personnel officer's statement Oct. 3, 1955 (Bible Record, Insurance Policy, Etc.) prepared on Sept. 8, 1929 (Give Date) Viewed by Div. of Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	(none)	Frank Edward Jones

Subscribed and sworn to before me this 5th day of October, 1955

Signed Frank Edward Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public residing at Fayetteville, Tennessee
My commission expires 30 Sep 57
(Seal)

D. E. ROUSH
CAPT. CE
ADJUTANT

Co A 249 Engr Bn (Const) APO 227, N.Y. N.Y.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 19 . Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 1955

Signed Ruth M. Jones
(Signature of Any Credible Person)

Notary Public residing at Fayetteville, Tennessee
My commission expires 30 Sep 1957
(Seal)

D. E. ROUSH
CAPT. CE
ADJUTANT

Hqs Co A 249th Engr. Bn. (Const) APO 227
(Street Address, City, State) N.Y. N.Y.

DPH 52-1-55

HEADQUARTERS
249TH ENGINEER BATTALION (CONSTRUCTION)
APO 227 US ARMY

3 October 1955

S T A T E M E N T

"I certify that the records of Master Sergeant Frank Edward Jones, RA20 926 371, of which I am custodian reveal his date of birth to be, 5 December 1920, and place of birth to be Pocatello, Idaho."

E. B. STUMP
CWO USA
Personnel Officer

MAY 5 1958

OCT 12 1955

455-105-003-669

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85526

County of Bannock

City of Pocatello

Registration District No. 28 File No.

No. St.

Hospital Pocatello General

Primary Registration District No. 2161 Registered No. 3 J 21

FULL NAME OF CHILD Wayne C. Denning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	/	Yes	December 5 1920

FATHER	MOTHER
FULL NAME Clarence L. Denning	FULL MAIDEN NAME Bertha M. Ford
RESIDENCE 417 So. 4th, Pocatello	RESIDENCE 417 So. 4th Pocatello
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ammon, Idaho	BIRTHPLACE Salt Lake Co. Utah
OCCUPATION F. B. U. E.	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) O. H. Proctor M.D.
(Physician or midwife)

Address Pocatello, Idaho

Filed 1/1 1921 J. P. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

751 - 206 - 003 - 866

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 840 N Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 85527

Primary Registration District No. 2161 Registered No. 3522

FULL NAME OF CHILD Helen Maxine Pearson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				Yes	Dec	6	1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James W Pearson	Edna Forest Howard
RESIDENCE	840 N Main	Same
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Cal	Missouri
OCCUPATION	Storehouse keeper U.S.R.	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J P Young

(Physician or midwife)

Address Pocatello

Filed 1/11 1921

J P Young
Registrar

SEP 10 1953

215-107-003-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 150 No 15th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 685528

Primary Registration District No. 2161 Registered No. 3523

FULL NAME OF CHILD Jesse Ray Sanders

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			12 7 1920

FATHER		MOTHER	
FULL NAME	Wm Clarence Sanders	FULL MAIDEN NAME	Mamie Smith
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Bismark, N.D.	BIRTHPLACE	Farmington, Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6 45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19

Address Pocatello

Registrar

Filed 1/1 1921

J L Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-208-003-795 childs name & fathers last name amend
8-30-85 dl

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 708 N Arthur St.

Registration District No. 28 File No. 85529

Primary Registration District No. 2161 Registered No. 3524

Hospital

FULL NAME OF CHILD ~~Gerald Dean Wilkes~~ Norma Jeraldine Wilkes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fr		yes	12 8 1920

FATHER		MOTHER	
FULL NAME	John Edgar ~~Wilkes~~ Wilkes	FULL MAIDEN NAME	Anna Preece
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Steam hammer RR Shops	OCCUPATION	housewife

Number of child of this mother, including present birth ___ Number of children of this mother now living, including present birth ___

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Pocatello Idaho

Registrar

Filed 1/1 1921

J. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-7-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 26 7 03 AM '85

State of _____ } ss.
County of _____

Certificate No. 85529
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Gerald Dean Wilks (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 8. 1920 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Gerald Dean Wilks	Norma Jeraldine Wilkes
fathers last name	Wilks	Wilkes

Subscribed and sworn to before me this 20th day of August, 1985.
Notary Public, Patsy B Quam
Residing at Pocatello, Idaho
My commission expires Nov 20, 1988
(Seal)

X Jeraldine Wilkes Reynolds
Signature of Applicant
X 455 Washington, Pocatello Idaho 83201
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of Baptism lists Norma Jeraldine Wilkes daughter of John Edgar Wilkes and Julia Ann Preece born 12-8-20 in Pocatello was baptised Jan 13, 1929. Viewed by V.S.

AUG 30 1985

Certificate of Blessing from LDS Church gives Norma Jeraldine Wilkes daugher of John Edgar Wilkes and Anna Preece born Dec 8, 1920 was blessed March 6, 1921. Viewed by V.S.

964-109-003-315

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

85530

County of Bannock

City of Pocatello

No. 935, N. Harris

Registration District No. 28 File No. 67

Hospital

Primary Registration District No. 2161 Registered No. 3525

FULL NAME OF CHILD Irwin Lorenzo Roubidoux

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 9 1920

FATHER	MOTHER
FULL NAME Jarvis Roubidoux	FULL MAIDEN NAME Edna LaVatta
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello Idaho
COLOR Ind. 1/4 AGE AT LAST BIRTHDAY 20 (Years)	COLOR Ind. 1/2 AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Hiawatha, Kansas	BIRTHPLACE McCammon, Idaho.
OCCUPATION Auto. Mechanic	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Fort Hall, Idaho

Filed 1/1 1921 J. P. Young Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF

381 - 210 - 008 - 219

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85531

County of Bannock

City of Pocatello

No. 545 N. 7th Ave. St.

Registration District No. 28 File No. 67

Primary Registration District No. 2161 Registered No. 3526

Hospital Home

FULL NAME OF CHILD Edith Louise Chapman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Femal				Yes	Dec 10 1920

FATHER

FULL NAME: Vernon Lavere Chapman

RESIDENCE: 545 N. 7th Ave.

COLOR: Whit AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Preston, Idaho

OCCUPATION: Common Labor

MOTHER

FULL MAIDEN NAME: Celia Barkdull

RESIDENCE: 545 N. 7th Ave.

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Kanash, Utah

OCCUPATION: Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.35 A.M. on the date above stated.

(Signature) Mrs. Ann W. Bird

Midwife (Physician or midwife)

Address 413 S. 4th Ave.

Filed 1/1 1921 J. H. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

962-111-003-168

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1590 Taft St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85532

Registration District No. 28 File No. 67

Primary Registration District No. 2161 Registered No. 3527

FULL NAME OF CHILD Lorin Eugene Robinson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12 11 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nathan Oscar Robinson	Abby Johnson
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	46	32
BIRTHPLACE	Utah	Mexico
OCCUPATION	R.R. Engineer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Ray M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed 1/1 1921

J. R. Young
Registrar

MAR 2, 1964

814-112-003-812

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85533

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 67

No. 413 So. 4th Ave.

Hospital Private home — Primary Registration District No. 2161 — Registered No. 3528

FULL NAME OF CHILD Hiroshi Yamada

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	Dec.	12	1920

FATHER		MOTHER	
FULL NAME	Isotalo Yamada	FULL MAIDEN NAME	Misao Hashimoto
RESIDENCE	2 miles North of town	RESIDENCE	2 miles North of town
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Cook	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:58 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs Ann H. Bird

Midwife (Physician or midwife)

Address 413 So 4th Ave.

Filed 1/1 1921 J. P. Young Registrar

APR 4 1951

35-6-212-003-299

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 845 So. Main (In rear)

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 85534

Primary Registration District No. 2161 Registered No. 3529

FULL NAME OF CHILD Anna Belle Lewis

Sex of Child female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth Dec 10 (Month) (Day) 1920 (Year)

FATHER

FULL NAME Dossie Theadore Lewis

RESIDENCE 845 So Main (In rear)

COLOR White AGE AT LAST BIRTHDAY 53 (Years)

BIRTHPLACE Northumberland Co. W. Va.

OCCUPATION Carpentry

MOTHER

FULL MAIDEN NAME Ruth Alice Bird

RESIDENCE 845 So Main (In rear)

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Oakley Cassia Co. Idaho

OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 413 So 4th Ave

Filed 1/1 1921 J. F. Young Registrar

[redacted]

MAY 2 1983

MAR 1 4 1945

681-213-003-545

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 85535

No. ..... St.

Hospital General

Primary Registration District No. 2161 Registered No. 3530

FULL NAME OF CHILD Patricia Elinor O'Hara.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		yes.	Dec 13 1920.

FATHER		MOTHER	
FULL NAME	Howard O'Hara	FULL MAIDEN NAME	Bessie Ennis
RESIDENCE	1026 N 8 ave	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	Hsuf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Ida.

Filed 1/1 1921

[signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1943

643-213-003-713

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85536

County of Bannock

City of Pocatello

Registration District No. 28 File No. 67

No. 453 N Grant St.

Primary Registration District No. 2161 Registered No. 3531

Hospital —

FULL NAME OF CHILD Irene Fullmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 13 1920

FATHER	MOTHER
FULL NAME Morris C. Fullmer	FULL MAIDEN NAME Lafton E. Palmer
RESIDENCE 453 North Grant	RESIDENCE 453 N. Grant Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Locomotive Fireman	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark M.D.

Physician
(Physician or midwife)

Address Pocatello

Given names added from a supplemental report.

19

Registrar

Filed 1/1 1921

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469 - 114-003-123

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1453 N Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 85537

Primary Registration District No. 2161 Registered No. 3532

FULL NAME OF CHILD Max Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 - 14 1920

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Art R Morgan	Agnes Abler
RESIDENCE	Pauline Idaho	Pauline Idaho
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Utah	Kansas
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Born alive or stillborn~~, at 9a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Clay M D

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report.

19

Registrar

Filed 1/1 19 21

Registrar

466 - 114 - 003 - 258

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Idaho

Registration District No. 28 File No. 85538

No. R.R. No 1 St.

Primary Registration District No. 7141 Registered No. 3533

Hospital

FULL NAME OF CHILD Tom. Moromato

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 14 1920

FATHER	MOTHER
FULL NAME R Moromato	FULL MAIDEN NAME Mrs. Keye.
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR Yellow AGE AT LAST BIRTHDAY 44 (Years)	COLOR Yellow AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R Moromato

Father (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello

Filed 1/1 1921

J R Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-215-003-289

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 633 W Clark St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 85539

Primary Registration District No. 2161 Registered No. 3584

FULL NAME OF CHILD Norma Elaeda Carrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
♀			yes	12	15	1920

FATHER		MOTHER	
FULL NAME	Herman V Correll	FULL MAIDEN NAME	Fay Byington
RESIDENCE	633 W Clark -	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Sheep Shearer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Young

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report.

19

Registrar

Filed 1/1 1921

J. W. Young
Registrar

814-115-003-547

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

Registration District No. 28 File No. 85540

Primary Registration District No. 2161 Registered No. 3535

FULL NAME OF CHILD CHARLES CLYDE Hammon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		Yes	12 (Month) 15 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	George L Hammon	FULL MAIDEN NAME	Florence Edgerton
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	S Dakota
OCCUPATION	Clerk R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Registrar

Filed 1/1 1921 J P Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 27, 1941. E.M.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or ~~Death~~

State of Idaho) Certificate No 85540
)ss
County of Bannock) Date Filed

The undersigned does solemnly swear that certain facts on the certificate

of Birth for George L Hammon Jr. who was born
(birth or death) (Name on original certificate) (was born or died)

on December 15 1920 in Pocatello Idaho are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by Birth Certificate prepared on January 27,1941 are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	George L. Hammon, Jr.	Charles Clyde Hammon

Subscribed and sworn to before me this 14th day of November 1941

S F Zierke
Notary Public
Residing at Berkeley

Signed Florence Edgerton Hammon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1232 Neilson St. Berkeley, Cal.
(Street address, City, State)

My commission expires Feb. 6, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of California)
)ss
County of Alameda)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of November 1941

S F Zierke
Notary Public
Residing at Berkeley

Signed George L. Hammon
(Signature of any credible person other than the previous affiant.)

1232 Neilson Street Berkeley Cal.
(Street address, City, State)

My commission expires Feb. 6, 1945
(SEAL)

D. C. RAY, M. D. F. M. RAY

Drs. Ray & Ray
Pocatello, Idaho

January 17, 1941

Bureau of Vital Statistics
Boise, Idaho

Attention: Mae C. Atwood
Registrar

Dear Miss Atwood:

You have my authorization to change the birth date of George Hammon, Jr., from December 16 to December 15, as the mother should know on what date the baby was born.

Very truly yours,

D C Ray M.D.

D. C. Ray
Local Registrar

DCR:ac

389-716-003-225

Form U. S. No. 11-C-25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 547 No. Main St.

Registration District No. 28

File No. 6 85541

Primary Registration District No. 2161

Registered No. 3536

Hospital

FULL NAME OF CHILD JAMES LUDWIG CHRISTENSEN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.				Yes	12	16	1920

FATHER

FULL NAME Ludwig Christensen

RESIDENCE Pocatello Idaho

COLOR Wh. AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Denmark

OCCUPATION R.R. Fireman

MOTHER

FULL MAIDEN NAME Zola Treece

RESIDENCE Same

COLOR Wh. AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Pocatello, Idaho.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 10 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [illegible] M

(Physician ~~or midwife~~)

Address Pocatello

Filed 1 192

[illegible] Registrar

JAN 22 19[illegible]

AUG 14 1961

A F F I D A V I T.

JAN 25 1943

STATE OF UTAH :
: SS.
COUNTY OF UTAH :

Ludwig Christensen, being first duly sworn, on his oath deposes and says:

That I am a citizen of the United States of the age of 44 years.

That he is the father of James Ludwig Christensen, and that James Ludwig Christensen was born at Pocotello, Idaho, on December 16, 1920, and is the son of Ludwig Christensen and Zola Preece.

Ludwig Christensen

Subscribed and sworn to before me this 23rd day of January A. D. 1943.

Notary Public.

My commission expires,
March 22, 1943.

Residing at: Provo, Utah.

55-6-117-003-993

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 85542

No. ____ St. — Primary Registration District No. 2161 — Registered No. 3538

Hospital ST. Anthony's

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	---	--	Yes	Dec. 17 1920

FATHER	MOTHER
FULL NAME: Elgin James Newton	FULL MAIDEN NAME: Tilly Richmond
RESIDENCE: Pocatello, Idaho,	RESIDENCE: Pocatello, Idaho,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Salt Lake City, Utah.	BIRTHPLACE: New York City
OCCUPATION: Auto Mechanic	OCCUPATION: House-wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or ~~stillborn~~), at 4:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) W. S. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Filed 1/1 1921

J. F. Greene
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5556 - 117 003 - 993

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85543

County of Bannock

City of Pocatello Registration District No. 28 File No.

No. 700 Block North St. 7th. Ave

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 3537

FULL NAME OF CHILD James Elgin Newton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 17 1920

FATHER		MOTHER	
FULL NAME	Elgin James Newton	FULL MAIDEN NAME	Tilly Richmond
RESIDENCE	539 East Holliday	RESIDENCE	539 East Holliday
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	New York
OCCUPATION	Sales Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive St Anthony's Hosp 5:40 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr Wm Newton

(Physician or midwife)

Address Pocatello

Filed 1/1 1921 J P Young Registrar

893-118-003-396

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85544

County of Bannock

City of Pocatello Registration District No. 28 File No. 67

No. ..... St.

Hospital Pocatello Gen. Primary Registration District No. 2161 Registered No. 3540

FULL NAME OF CHILD Wm Smallwood Hill Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		1st	Yes	12 (Month) 18 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Smallwood Hill	FULL MAIDEN NAME	Maud Lillis Crane
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Los Angeles. Cal	BIRTHPLACE	Montpelier, Ida.
OCCUPATION	Auto Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4:37 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello

Filed 1/1 1921

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RELEASED

296-119-003-349

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 2½ Miles N. of Town

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 85545

Primary Registration District No. 2141 Registered No. 3542

FULL NAME OF CHILD Orvill Lorenzo Broadhead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 19 1920

FATHER		MOTHER	
FULL NAME	Jabez Harford Broadhead	FULL MAIDEN NAME	Etta Curtis
RESIDENCE	2½ Miles N. of Town	RESIDENCE	2½ Miles N. of town
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Levan, Utah	BIRTHPLACE	Aurora, Utah
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

(Signature) Mrs Ann W. Bird

Midwife (Physician or midwife)

Address 413, So. 4th Ave.

Filed 1/1 1921 J. R. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

553-121-003-213

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 319 So Hayes St.

Registration District No. 28

File No. 85546

Primary Registration District No. 2161

Registered No. 3543

Hospital

FULL NAME OF CHILD Russell Edward Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				yes	12	21	1920

FATHER

FULL NAME: Earl F Nelson

RESIDENCE: Pocatello Ida

COLOR: W

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Laundry man

MOTHER

FULL MAIDEN NAME: Goldie Ballard

RESIDENCE: same

COLOR: W

AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 11 40 P M. on the date above stated.

(Signature) J P Young

(Physician or midwife)

Address Pocatello Ida

Filed 1/1 1921

J P Young
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 85546

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for none given (Name on Original Certificate) who was born (Was Born or Died) on December 21, 1920 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on March 19, 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Russell Edward Nelson

Subscribed and sworn to before me this 6th day of December, 1943.

John L. Bloem

Notary Public, residing at Idaho Falls, Ida.

My commission expires Nov. 9, 1947

(Seal)

Signed Earl Russell Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

199 6th, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December, 1943.

John L. Bloem

Notary Public, residing at Idaho Falls, Idaho

My commission expires November 9, 1947

(Seal)

Signed Mrs. W. R. West
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 13 1943

219 - 122 - 003 - 363

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85547

County of Bannock

City of Pocatello

No. 805, S. Tenth St.

Registration District No. 28

File No. 67

Primary Registration District No. 2161

Registered No. 3544

Hospital

FULL NAME OF CHILD Joseph ~~John~~ Henry Barrett

Sex of Child	Twin — Triplet or other — (To be answered only in event of plural births)	and	Number — in order of birth	Legitimate?	Date of Birth	
Male				Yes	Dec, 22 (Month) (Day)	19 20 (Year)

FATHER		MOTHER	
FULL NAME	Henry S. Barrett	FULL MAIDEN NAME	Leora Tolman
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Pocatello, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Marion, Idaho.	COLOR	White
OCCUPATION	Farmer	BIRTHPLACE	Arbon, Wyoming.
		OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1:30 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or ~~midwife~~)

Address Pocatello, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 1/1 1921

J. H. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 85547

Date Filed Nov. 13-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for John Barrett (Name on Original Certificate) who born (Was Born or Died) on December 22, 1920, (Date of Event) in Pocatello, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the true facts are shown by family birth and Church Records (Bible Record, Insurance Policy, Etc.) prepared on January of 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	John	Joseph Henry Barrett

Subscribed and sworn to before me this 13 th day of November, 1942.

Thos J Turner
Notary Public, residing at Pocatello, Idaho.

My commission expires October 15th, 1944.
(Seal)

Signed Sadie Lora Tolman Barrett Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. #1, North, Pocatello, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bannock, }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 th day of November, 19 42.

Thos J Turner
Notary Public, residing at Pocatello, Idaho.

My commission expires October 15th, 1944.
(Seal)

Signed Henry S Barrett Father.
(Signature of Any Credible Person Other Than Previous Year)

R.F.D. #1, North, Pocatello, Idaho.
(Street Address, City, State)

NOV 17 1942

JAN 5 1943

243-223-003-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m.7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 28 File No. 67 85548

No. ..... St.

Primary Registration District No. 2161 Registered No. 354

Hospital .....

FULL NAME OF CHILD Ruth Bullock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Dec (Month) 23 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Bullock	FULL MAIDEN NAME	Irene Harris
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson J. McDill

Physician & Surgeon
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCammon Ida

Filed 1/1 1921

J. R. Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 8 1968
Bureau of Vital Statistics

State of Idaho } ss.
County of Bannock }

Certificate No. 85548

Date Filed

The undersigned does solemnly swear that ~~certain~~ facts on the certificate of Birth (Birth or Death)
for Unnamed Bullock (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 23, 1920 (Date of Event)
in McCammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on Sept 17 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Bullock

Subscribed and sworn to before me this 5th day of Feb, 19 68
Mildred E. Landenschmitt
Notary Public, residing at McCammon, Ida.
My commission expires Dec. 1 - 1971
(Seal)

Signed Ozella I Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1556 So 2nd Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of Feb, 19 68
Mildred E. Landenschmitt
Notary Public, residing at McCammon
My commission expires Dec. 1 - 1971
(Seal)

Signed Mabel Bullock
(Signature of Any Credible Person)
Star Route, McCammon, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 10-28-65. one copy pd. rec. #968.

L.D.S. Church Certificate of Birth, gives name as Ruth Bullock, born December 23, 1920, to Joseph F. Bullock and Irene Harris, Recorded in Book #7882, Entry 103, Sept. 12, 1929 - viewed by V.S.

Diploma, Bannock Co. Public School, gives name as Ruth Bullock, Pocatello, May 11, 1934 - viewed by V.S.

243-126-003-553

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 85549

County of Bannock

City of Pocatello Registration District No. 24 File No. 67

No. ____ St.

Hospital General Hospital Primary Registration District No. 2161 Registered No. 3546

FULL NAME OF CHILD John MacDonald Billing

Sex of Child	Twin / Triplet or other?— (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec. 26. 1920

FATHER	MOTHER
FULL NAME: John MacDonald Billings	FULL MAIDEN NAME: Mattie Elizabeth Kettleton
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Markham, Ontario	BIRTHPLACE: St. Francis, Kansas.
OCCUPATION: Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report.

19____

Registrar

Filed 1/1 1921 J. P. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

712-226-003-215 Amended 8-18-82

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1206 East Clark St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 85551

Primary Registration District No. 2161 Registered No. 3548

FULL NAME OF CHILD Alice Lucile Gabrielson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Dec 26 1920

FATHER	MOTHER
FULL NAME Forest Erick Gabrielson	FULL MAIDEN NAME Irany Geneva Sanders
RESIDENCE 1206 East Clark	RESIDENCE 1206 East Clark
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Grand Idaho
OCCUPATION Common Labor	OCCUPATION Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Mrs. Ann W. Bird

Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 1/1 1921

J. P. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 18 10 47 AM '82

State of Idaho
County of Ada } ss.

*%%%L 85551
Certificate No. _____
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Orvilla Lucile Gabrielson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 26, 1920 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Orvilla Lucile Gabrielson	Alice Lucile Gabrielson

Subscribed and sworn to before me this 18th day of August, 1982.

Notary Public, Florence Cartright

Residing at Boise

My commission expires 4-20-1986

(Seal)

X Orvilla Gabrielson
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Blessing issued by the L. D. S. Church gives name of child as Alice Lucile Gabrielson, caughter of Forrest Gabrielson and Franey Sanders born December 26, 1920 at Pocatello, Idaho. Blessed April 3, 1921.

AUG 18 1982

Viewed by V- S-

Own child's birth certifciate on file with Idaho gives name of mother s Alice Lucile Gabrielson child born 1941, Idaho.
Viewed by V.S.

219-227-003-239

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85552

County of Bannock

City or Pocatello Registration District No. 28 File No. 6

No. ..... St.

Hospital Pocatello Gen Primary Registration District No. 3161 Registered No. 3549

FULL NAME OF CHILD Mildred Ethel Barrett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	12 27 1920

FATHER	MOTHER
FULL NAME William Leland Barrett	FULL MAIDEN NAME Ethel Mae Stingley
RESIDENCE Pocatello Ida.	RESIDENCE Same
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Farmington Utah	BIRTHPLACE Robin Idaho.
OCCUPATION Bridge Builder	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:22 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Kay.

(Physician or ~~midwife~~)

Address Pocatello

Filed 1/1 1921 J. Thomas Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-220-003-314

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 646 So 3rd St.

Registration District No. 28 File No. 85553

Primary Registration District No. 2161 Registered No. 3550

Hospital

FULL NAME OF CHILD Clara Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	12 27 1920

FATHER		MOTHER	
FULL NAME	Wilford Hansen	FULL MAIDEN NAME	Hattie Campbell
RESIDENCE	646 So 3rd	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~, at 11 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Young

(Physician or midwife)

Address Pocatello -

Given names added from a supplemental report.

19

Registrar

Filed 1/1 1921 J P Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 9 1975

862-127-003-238

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 85554

No. 750, N. Seventh St.

Primary Registration District No. 2161 — Registered No. 3557

Hospital

FULL NAME OF CHILD Leo Emanuel Yokel

Sex of Child	Twin / Triplet — or other? (To be answered only in event of plural births)	Number in order — of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 27 20 19 2

FATHER	MOTHER
FULL NAME: Fred Yokel	FULL MAIDEN NAME: Eva Schrader
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Eckeam, Russia.	BIRTHPLACE: Ehrfeldt, Russia.
OCCUPATION: Boilermaker	OCCUPATION: House-wife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:20 AM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Pocatello, Idaho.

Filed 1/1 1921

J. P. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-128-003-212

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85555

County of Bannock

City of Pocatello

Registration District No. 28 File No. 67

No. St.

Primary Registration District No. 2161 Registered No. 3552

Hospital Pocatello General

FULL NAME OF CHILD Jack Charles Leishman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 28 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Leishman	FULL MAIDEN NAME	Emma Baker.
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White, AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Clerical work	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Raof M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Pocatello Idaho.

Registrar

Filed 1/1 1921 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 - 1953

764-229-003-942

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 28 File No. 85556

No. ..... St.

Primary Registration District No. 2161 Registered No. 3553

Hospital Pocatello General

FULL NAME OF CHILD Patricia May Podall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Podall	FULL MAIDEN NAME	Daisy Russell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 12 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Idaho

Filed 1/1 1921 J R Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1943

114-229-003-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85557

County of Bannock

City of Pocatello

Registration District No. 28 File No. 47

No. ____ St.

Primary Registration District No. 2141 Registered No. 3554

Hospital Poca. General

FULL NAME OF CHILD Roberta Mary Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/		/	Yes	December 29 1920

FATHER		MOTHER	
FULL NAME	Oscar W. Jones	FULL MAIDEN NAME	Estha Anderson
RESIDENCE	359 S. Johnson, Pocatello	RESIDENCE	359 S. Johnson, Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:25 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) C. H. Sprague M.D.

(Physician or midwife)

Address Kane Bldg. Pocatello,

Filed 1/1 1921 J. P. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-229-003-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1447 N. Hayes St.

Hospital

Registration District No. 28 File No. 85558 67

Primary Registration District No. 2141 Registered No. [illegible]

FULL NAME OF CHILD Willa Mae Grooms

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	-		--	yes	Dec. 29 (Month) (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Frank Edward Grooms	FULL MAIDEN NAME Lula May Fowler
RESIDENCE Pocatello, Idaho	RESIDENCE Pocatello, Idaho.
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utica, Kansas.	BIRTHPLACE Caneyville, Kentucky.
OCCUPATION Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello, Idaho.

Filed 1/1 1921

[illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356-203-004-245

[redacted] F BIRTH name added 3-30-83

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

Registration District No. 53

Primary Registration District No. 2132

File No. 85559

Registered No. _____

FULL NAME OF CHILD Veldrin Lewis

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	X	X	Yes	Dec (Month) 3 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Parley Smedley Lewis	FULL MAIDEN NAME	Elsie Bunn
RESIDENCE	Fairfield, Idaho	RESIDENCE	Fairfield, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 10 A M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Moore M D (Physician or midwife)

Given names added from a supplemental report.

Address Paris Idaho

_____ 19____

Filed 12-10-20 19____ P Hutton

Registrar Registrar

S-Y-CO. 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE O

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 85559

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Lewis (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 3, 1920 (Date of Event) in Paris, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Lewis	Veldrin Lewis

Subscribed and sworn to before me this 16 day of February, 1953

Notary Public, residing at Idaho Falls, Ida

My commission expires Lifetime

(Seal)

Signed Elsie Lewis Mather
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 5/11/78

Certificate of Baptism from LDS Church gives Veldrin Lewis born Dec 3, 1920 to Parley S Lewis and Elsie Bunn in Paris and was baptised March 16, 1930. Viewed by V.S.

MAR 30 1983

Record of Blessing from LDS Church gives Veldrin Lewis born Dec 3, 1920 in Paris to Parley Smedley Lewis and Elsie Bunn was blessed Feb 28, 1921. Viewed by V.S.

797-102-004-414

PLACE OF BIRTH

name added 9-30-82

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 53 File No. 85560

No. ..... St.

Primary Registration District No. 432 Registered No. .....

Hospital .....

FULL NAME OF CHILD Oliver Bake Piggott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	X		X	Yes	12	2	1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Piggott	FULL MAIDEN NAME	Hazel Madsen
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Blacksmith	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12-2-2 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Hutton

Mid (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Paris Ida

Filed 12/15/20 19 J Hutton Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-17 82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 29 11 06 AM '82

State of _____ } ss.
County of _____ }

Certificate No. 85560
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Piggott (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 2, 1920 (Date of Event)
in Bloomington (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Oliver Bake Piggott

Subscribed and sworn to before me this 27th day of September, 1982.

Notary Public, Joan P. Ebern
Residing at PARIS, IDAHO
My commission expires LIFETIME
(Seal)

X Oliver B Piggott
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

1 cc pd

Cert of Blessing from LDS Church gives Oliver Bake Piggott born 12-2-20 in Bloomington, to Wm Cannon Piggott and Hazel Rebecca Madsen and was blessed 2-6-21. Viewed by V.S.

SEP 30 1982

Cert of Baptism from LDS Church gives Oliver Bake Piggott born 12-2-20 in Bloomington to Wm Cannon Piggott and Hazel Rebecca Madsen and was baptised 2-2-29. Viewed by V.S.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH
495-103-004-753

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 85561

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD DEAN WARD MINSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	12 (Month) 3 (Day) 1920 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Minson	FULL MAIDEN NAME	Lettie H Peterson
RESIDENCE	Paris	RESIDENCE	Paris Ida
COLOR	Labour White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Paris Ida	BIRTHPLACE	Utah
OCCUPATION	Labour	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9.50 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Paris

Filed 12-10 1920 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. FEB
County of Weber }

Certificate No. 85561

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for none (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 3 - 1930 (DATE OF EVENT)
in Ogden Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptized in Brigham Utah (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug 31, 1939 Baptized (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Dean Ward Minson
Dean Ward Minson		

Subscribed and sworn to before me this 31
day of June, 1942

Henry Seeger
Notary Public, residing at Ogden Utah
My commission expires July 13 - 1944
(SEAL)

Signed Lettie Minson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
230 - 23rd St. Ogden Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of January, 1942

Henry Seeger
Notary Public, residing at Ogden Utah
My commission expires July 13 - 1944,
(SEAL)

Signed Hortense Minson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
230 - 23rd St. Ogden, Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 4 1942 By
(REGISTRAR'S SIGNATURE)

1942

Form V. S. No. 11—20m-7-26-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

653-205-004-867

County of Bear Lake.

City of Paris.

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 85562

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Joyce Welker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	x	x	Yes	12	5	1922

FATHER

FULL NAME Roy A. Welker.

RESIDENCE Paris Ida.

COLOR W. AGE AT LAST BIRTHDAY 42. (Years)

BIRTHPLACE Bloomington

OCCUPATION School Teacher.

MOTHER

FULL MAIDEN NAME Elizzie Hoge.

RESIDENCE Paris.

COLOR W. AGE AT LAST BIRTHDAY 41. (Years)

BIRTHPLACE Paris Ida.

OCCUPATION Home Wife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 55 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Sutton M.D.
(Physician or midwife)

Address Paris Ida

Given names added from a supplemental report. ..... 19....

Filed 12-10-22 19.... J. L. Sutton Registrar.

..... Registrar.

FEB 1 5 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 26 2 51 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 85562

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Welker (Female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1920 (Date of Event)
in Paris, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Joyce Welker

Subscribed and sworn to before me this 26th day of March, 1973

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Ella M. Wagle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #1, Star Idaho 83669
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 2/15/73

Certificate of birth-LDS Church Joyce Welker born Dec. 5, 1920 at Paris, Idaho Entered on record February 6, 1921 Baptized Feb. 2, 1929. Viewed by VS

MAR 26 1973

Family Record by family Obviously Old gives name as Joyce Welker born December 5, 1920 at Paris, Idaho .
Viewed by VS

433-115-004-855

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 85563

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	3	Yes	12-15-1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H. Laughlin	FULL MAIDEN NAME	E. A. Henry
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Eng. Oth.	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Ashley
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 12-15 1920 H. H. Henry
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-212-004-255

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bear

Registration District No. 52 File No. 85564

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Loa Bateman

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 12 (Month) 12 (Day) 20 19 (Year)

FATHER		MOTHER	
FULL NAME	A. W. Bateman	FULL MAIDEN NAME	S O Kenny
RESIDENCE	Bear	RESIDENCE	Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Bear
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 159 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address [illegible]

Filed 12-15-1920 [signature] Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 1942

SEP 19 19

265-110-004-841

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 85565

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Darrel R. Keetch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 10 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elisha Pugmire Keetch	FULL MAIDEN NAME	Doris Quayle
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Gaestrus

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-15 1920 H H Kerr

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 2 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Dingle
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Dingle
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dingle Idaho

4. **FULL NAME OF CHILD** Darrell L. Keetch

5. Date of Birth of Child (Month, day, year) 12-10-1920

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate Yes

FATHER OF CHILD

10. **FULL NAME** Elisha P. Keetch
11. Color or Race W
12. Age at time of THIS birth 24 yrs.
13. Birthplace Washington Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer & Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Doris B Tuttle
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Dingle Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by Doris Keetch (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. P. Gardner M.D. ~~Midwife~~ Address Montpelier Ida Date 5-9-42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by.....; Registrar.

copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [illegible]

City of Montpelier

No. 413-114-004-695 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 85566

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD ROSS FINDLAY Dalton

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec 14 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Heber Dalton	FULL MAIDEN NAME	Myrtle Findlay
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	R.R. Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Gaertner

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

19

Filed 12-15-20 19

Registrar

[illegible]

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 85566
Date Filed Dec 21st 1920

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Dalton (Name on original certificate) who was born (Was born or died) on Dec. 14th 1920 (Date of event)
in Montpelier, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L. D. S. Church Record (Bible record, insurance policy, etc.) prepared on Dec. 21st 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Dalton	Ross Findlay Dalton

Subscribed and sworn to before me this 11th
day of October, 1941
Albert W Jones
Notary Public, residing at Montpelier Ida
My commission expires Notary Public, Residing at Montpelier, Idaho My Commission Expires April 14, 1944
[SEAL]

Signed Mrs. F. W. Dalton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P. O. Box 78, Montpelier, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of October, 1941
Albert W Jones
Notary Public, residing at Montpelier Ida
My commission expires Notary Public, Residing at Montpelier, Idaho My Commission Expires April 14, 1944
[SEAL]

Signed Hila Brookshire
(Signature of any credible person other than the previous affiant.)
Montpelier, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 13 1941

FEB 22 1971

847-101-004-295

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 85567

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Hughes Richard Wm.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 1st 1920

FATHER		MOTHER	
FULL NAME	Wm H. Hughes	FULL MAIDEN NAME	Hannah Bienz
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	Switzerland
OCCUPATION	Engine Inspector O.S.L. R.R.	OCCUPATION	Mfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 4:15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King Ind

Physician

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-1-1920 H H King

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/3/41 L. B.

JUN 19 1941

OCT 31 1960

FEB

152-201-004-662

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 53

File No. 85568

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Emma Hope Ansell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov 1st 1920

FATHER		MOTHER	
FULL NAME	Wm Ansell	FULL MAIDEN NAME	Mofalle Foss
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	U.S.
OCCUPATION	Brakeman & Sir RR	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kerry MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-1-1920

H H Kerry

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1958

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 30 11 43 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 85568

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hope Ansell (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1920 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Hope Ansell	Emma Hope Ansell

Subscribed and sworn to before me this 27 day of October, 19 73

Notary Public, residing at Preston, Idaho

My commission expires 12-22-76

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Credible Person

N. Montpelier, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 5/17/73 nm

NOV 5 1973

Insurance policy from Kansas City Life Insurance Co. (#1 367 176(gives name as Emma Hope Ansell. datead Nov. 30, 1954. Viewed by V. S.

Report Card from Montpelier City School gives name as Emma Hope Ansell. dated 1930-1931. 4th Grade. Viewed by V. S.

553-202-004-169

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Montpelier

City of Bear Lake

Registration District No. 52 File No. 85569

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Muriel Nelson

Sex of Child Girl | Twin Triplet or other? \ and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. 2 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. Nelson	FULL MAIDEN NAME	Wilhelma Jorgensen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	R. R. Employee	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier, Ida.

Filed 12-1-1920 N. N. Neng

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1943

238-204-004-284 Child's name added 3-26-90 MCM Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85570

County of Bear Lake

City of Bear

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD ANNA LUCY SCHMID

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) 4 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Robt Schmid	FULL MAIDEN NAME	Conrad Shumway
RESIDENCE	Montpelier	RESIDENCE	Bear C
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley
(Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier Idaho

Registrar.

Filed 12-18-20 19 H H King
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 14 1990
VITAL STATISTICS UNIT

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 85570
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Schmid (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 4, 1920 (Date of Event)

in Bern (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Schmid	Anna Lucy Schmid

Subscribed and sworn to before me this 15 day of February, 1990

Notary Public, Lauren Glene
Residing at Salt Lake City, Utah
My commission expires Sept. 13, 1991
(Seal)

NOTARY PUBLIC
LAUREN DEANE GLENE
3685 So. Wasatch Blvd.
S.L.C., UT 84109
COMMISSION EXPIRES
SEPT. 13, 1991
STATE OF UTAH

X Anna L. Vigos
Signature of Applicant

X 3705 Wasatch Blvd.
Street Address, City, State
Salt Lake City, Utah 84109

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

UT birth certificate shows Michael Chris Vigos born Dec 30, 1954 in Salt Lake City, UT to George and Anna Lucy Schmid Vigos and filed Jan 8, 1955. Viewed by VS.

MAR 2 6 1990

UT marriage certificate shows George Vigos & Anna Lucy Schmid were married Dec 10, 1943 by Stephen L Chipman in Salt Lake City, UT. Viewed by VS.

699 - 112 - 004 - 695

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington Registration District No. 57 File No. 85571

No. ..... St.

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD HAROLD WILLIAM WRIGHT

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	11 - 12 - 20

FATHER	MOTHER
FULL NAME C R Wright	FULL MAIDEN NAME Elizabeth Finch
RESIDENCE Bennington	RESIDENCE Bennington
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Bennington	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION None

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 45 P M. on the date above stated. (Born alive or stillborn)

(Signature) H Cudley

(Physician or midwife)

Address Montpelier Ida

Filed 12 - 15 - 20

W W King
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Bear Lake, }

Certificate No. 85571

Date Filed Apr 9 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 12, 1920 (DATE OF EVENT) in Bennington, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by myself, mother, (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on this date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Harold William Wright
name of mother	F. E. Ridd	Elizabeth Finch

Subscribed and sworn to before me this 8th day of April, 19 42.

Chas E Evans

Notary Public, residing at Montpelier, Idaho.

My commission expires March 7, 1946

(SEAL)

Signed Elizabeth Finch Wright

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Bennington, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 19 42.

Chas Evans

Notary Public, residing at Montpelier, Idaho

My commission expires March 7, 1946

(SEAL)

Signed T. N. Stephens

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Montpelier, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 17 1942

318-218-004F 785

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85572

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Fine | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 11 (Month) 18 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	T. W. Taylor	FULL MAIDEN NAME	P. H. Phelan
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-15-1920 H H King

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1991

244-219-004-284

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85573

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11-19-20

FATHER		MOTHER	
FULL NAME	Adolph Sumners	FULL MAIDEN NAME	Anna B. Sherrer
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Swiz	BIRTHPLACE	Paris
OCCUPATION	Pasteur	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-15-19 20 H H Kerr

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-219-004-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

Registration District No. 52

File No. 85574

No. _____ St.

Primary Registration District No. 2136.

Registered No. _____

Hospital _____

FULL NAME OF CHILD Norma Hulme

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Nov 19th 1920

FATHER		MOTHER	
FULL NAME	Amos. B. Hulme	FULL MAIDEN NAME	Della Roberts
RESIDENCE	Bennington Ida	RESIDENCE	Bennington Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	School-Teacher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 6 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kerry MD

Physician (Physician ~~or midwife~~)

Address Montpelier Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 12-1-1920 H H Kerry Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-220-004-855

PLACE OF BIRTH

County of Bear Lake.

City of Montpelier

No. _____ St.

Hospital Baby Miller.

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 85575

Primary Registration District No. 2136 Registered No. _____

FULL NAME OF CHILD NADA MABLE MILLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Nov 20 1910

FATHER		MOTHER	
FULL NAME	Phillip D. Miller	FULL MAIDEN NAME	Nada Hendricks
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Mechanic	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Utah
		OCCUPATION	Dope

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M. on the date above stated.

(Born alive ~~or stillborn~~)

(Signature) N. Nelson MD

Physician

(Physician or ~~midwife~~)

Address Montpelier Ida

Filed 12-1- 1920 N. Nelson

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-V-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 85575

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nada Mable Miller (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20th, 1920 (Date of Event)
in Montpelier, Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Nada Mable Miller

Subscribed and sworn to before me this 21st day of July, 19 42.

Amy G. Darlington
Notary Public, residing at Santa Monica, Calif.
My commission expires October 9th, 1944
(Seal)

Signed Nada Amanda Miller Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2215 Marine St., Santa Monica, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of July, 19 42.

Amy G. Darlington
Notary Public, residing at Santa Monica, Calif.
My commission expires October 9th, 1944
(Seal)

Signed Lowell Fred Erickson
(Signature of Any Credible Person Other Than Previous Year)

2215 Marine St., Santa Monica, Calif.
(Street Address, City, State)

843-220-004-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 85576

No. _____ St.

Primary Registration District No. 2136

Registered No. _____

Hospital _____

FULL NAME OF CHILD Olive Marian Hull

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov 20 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold B. Hull	FULL MAIDEN NAME	Olive Irene Robinson
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Clerk & Bookkeeper	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Montpelier Ida

_____ 19____

Filed 12-1-1920 H H King

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-121-004-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85577

No. ..... St.

Primary Registration District No. 2136. Registered No. .....

Hospital .....

FULL NAME OF CHILD John Orson Groo.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Nov 21st 1920.

FATHER		MOTHER	
FULL NAME	Russell Paul Groo	FULL MAIDEN NAME	Catherine Agnes Brennan
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Auto Mechanic.	OCCUPATION	Wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. N. King MD

Physician (Physician or midwife)

Address Montpelier Ida

Filed 12-1- 1920 N. N. King

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

249-122-004-813

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85578

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Hyrum Burgoyne

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 11 (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	Sidney E. Burgoyne	FULL MAIDEN NAME	B. Halmes
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Store Mgr	OCCUPATION	W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ~~11-23~~ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-15-1920

H H Kerry
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1942

APR 5 1944

MAY 7 1956

694-122-004-445

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85579

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	11 22 1928

FATHER		MOTHER	
FULL NAME	C L Franklin	FULL MAIDEN NAME	Kathy Mueller
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	64 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Switzerland
OCCUPATION	Lawyer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cutler

~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-15-1928 H H Kerr

Registrar.

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FRENCH

NOT

857-221-004-315

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 52 File No. 85580

No. ..... St.

Hospital Fifton Camp

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD LELIA BELLE HEGWER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fine		Yes	Nov 2 1920

FATHER		MOTHER	
FULL NAME	B. T. Hegwer	FULL MAIDEN NAME	B. M. Carr
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wash	BIRTHPLACE	Wis
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth V Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lichley

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 12-15 1920 [signature]

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

NOV 3 1941

State of California } ss.
County of Los Angeles

Certificate No. 85589
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Lelia Belle Hegwer (Name on original certificate) who born (Was born or died) on Nov 24 1920 (Date of event)
in St. Clarks Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on Nov 21 1920 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hegwer	Lelia Belle Hegwer

Subscribed and sworn to before me this 28th
day of October, 19 41

Signed Bertha M. Hegwer Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

A. Houston Barry
Notary Public, residing at 750 W. Garvey Monterey Park Calif. 1913 South Primrose Ave Alhambra Calif.
(Street Address, City, State)

My commission expires My Commission Expires October 28, 1944
[SEAL]
A. HOUSTON BARRY

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of October, 19 41

Signed H. C. Hegwer (Brother)
(Signature of any credible person other than the previous affiant.)

A. Houston Barry
Notary Public, residing at 750 W. Garvey Monterey Park 1913 So. Primrose Ave Alhambra, Calif.
(Street Address, City, State)

My commission expires
[SEAL]
My Commission Expires October 28, 1944
A. HOUSTON BARRY

Received for filing on By
(Registrar's signature)

245-104-004-866

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardboro

Registration District No. 52 File No. 85581

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD LOGAN RAY KUNZ

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Sept 4, 20 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Russell Kunz	FULL MAIDEN NAME	CLARA Hogg
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Bear	BIRTHPLACE	Geo Farmer
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 12-1-1920

[signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1943

CERTIFICATE OF BIRTH

Church of Jesus Christ of Latter Day Saints

Salt Lake City, Utah, December 5, 1941

This Certifies that according to the Records of the Church of Jesus Christ of Latter Day Saints

LOGAN RAY KUNZ

was born on the Fourth day of September, Nineteen Hundred Twenty

at Wardboro, Bear Lake Co., Idaho

Father's name Russell Lester Kunz

Mother's maiden name Clara Hoff

Joseph Fielding Smith

Historian of the Church and ex officio Custodian of its Records

(Taken from Montpelier Stake, Wardboro Ward Record of Blessings 1920 page 1356 entry 152). Entered on Records Oct. 3, 1920.

MAY 1 1944

I, Russell L. Kunz, do hereby testify that I was present on the Fourth Day of September, 1920, at Wardboro, Idaho, when Logan Kunz was born, Being the father of said Logan Ray Kunz, I have personal knowledge that he was born on the above stated date and place.

Russell L. Kunz

Subscribed and sworn to before me this 5th day of December, 1941.

P. M. Haff
Notary Public

My commission expires April 28, 1941.

MAY 1944

236-129-004-396

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Amended 11/25/74

Registration District No. 52

File No. 85582

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Glen Joseph Scofield

Sex of Child Boy. | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10-29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Scofield	FULL MAIDEN NAME	Verna Crockett
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Fish Haven	BIRTHPLACE	Dingle
OCCUPATION	Labor	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lubley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 12-1- 1920

H H King
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10 29 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

NOV 18 2 51 PM '74

Certificate No. 85582

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Scofield (Name on Original Certificate) who was born (Was Born or Died) on Nov, Oct. 29, 1920 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Dec. 5, 1920, & Nov. 4, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Glen Joseph Scofield
DATE of BIRTH	OCTOBER 29, 1920	DATE of BIRTH OCTOBER 29, 1920

Subscribed and sworn to before me this 12th day of November, 19 74

Brenda Freeman

Notary Public, residing at Ogden Utah

My commission expires Aug. 29, 1977

(Seal)

Signed Dora C. Nixon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2009 Monroe Blvd. Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certif. of Blessing from the LDS Church gives name as Glen Joseph Schofiled son of Joseph H. Scofiled and LeVerna Crockett. Born Oct. 29, 1920 at Montpelier, Idaho. Was Blessed Dec. 5, 1920. viewed by V. S NOV 26 1974

Certificate of Baptism and Confirmation from Glen Joseph Schofield son of Joseph H. Scofield and LaVerna Crockett. Born Oct. 29, 1920 at Montpelier, Idaho. Was Baptized Nov. 4,1928. viewed by V. S

442-129-004-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 85583

No. _____ St.

Primary Registration District No. 2136

Registered No. _____

Hospital _____

FULL NAME OF CHILD Walter William Nussbaum

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Nov 29 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Nussbaum	FULL MAIDEN NAME	Emilie Anderegg
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Locomotive Fireman OSA RR	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King EMD
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Montpelier Ida

Filed Dec 1st 1920 H H King Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1942

20 1948

295-230-004-818

PLACE OF BIRTH

name added 4-19-82

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

Registration District No. 52

File No. 85584

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Nona Lucile King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 30 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilfred King	FULL MAIDEN NAME	Margaret Hays
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Gaertner

MD (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 12-1-1920 H H King

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

3-9-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Idaho
County of Bear Lake } ss. APR 15 2 33 PM '82

Certificate No. 85584
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed King (Name on Original Certificate) who was born (Was Born, Died, etc.) on 11-30-20 (Date of Event)

in Georgetown (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Nona Lucile King

Subscribed and sworn to before me this 10th day of April, 1982

Notary Public, Joan N. Crane

Residing at Georgetown

My commission expires Life

(Seal)

X Nona Lucile King
Signature of Applicant

Georgetown Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

lcc pd

Temple Recommend from LDS Church gives Nona Lucile King born 11-30-20 in Georgetown to Wilford King and Margaret Fayes. Issued 11-16-42.

APR 19 1982

Guarantee Fund Life Association policy gives Nona Lucile King born 11-30-20 in Georgetown, Idaho as insured. Policy dated 4-27-31. Viewed by V.S.

433-202-004-219

PLACE OF BIRTH

Form ~~V. S. No.~~ 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

Registration District No. 52

File No. 85585

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby~~ KATHRYN McCammon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Y	Dec 2 1920

FATHER		MOTHER	
FULL NAME	Jesse McCammon	FULL MAIDEN NAME	Agnes Bartschi
RESIDENCE	Georgetown Ida.	RESIDENCE	Georgetown Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 8 05 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kingsmo

Physician (Physician or ~~midwife~~)

Address Montpelier Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 12-2 1920 H H Kingsmo Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 85585

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unmamed (Name on Original Certificate) who born (Was Born or Died) on Dec. 2, 1920 (Date of Event)
in Beorgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church record (Bible Record, Insurance Policy, Etc.) prepared on March 2, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kathryn McCammon

Subscribed and sworn to before me this 28th
day of October, 1942.
Glenn A Coughlan
Notary Public, residing at Montpelier, Idaho
My commission expires January 23, 1944
(Seal)

Signed Agnes McCammon (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Georgetown, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

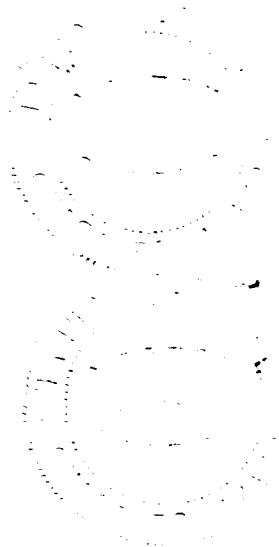
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of October, 1942
Glenn A Coughlan
Notary Public, residing at Montpelier, Idaho
My commission expires January 23, 1944
(Seal)

Signed Emily Smart
(Signature of Any Credible Person Other Than Previous Year)
Georgetown, Idaho
(Street Address, City, State)

NOV 9 1942

NOV 13 1957



217-103-004-867

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52 File No. 85586

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Charles Allen Bagley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	—		1	yes	Dec 3, 1920

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hawley Bagley	FULL MAIDEN NAME	Adelila Hogensen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Book Keeping	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier

Filed 12-15-1920 H H Kung
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-108-004-653

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 85587

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD FRANKLIN Welker Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 8th 1920

FATHER		MOTHER	
FULL NAME	Vincent LeRoy Jones	FULL MAIDEN NAME	Laura Welker
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Butcher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 1 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H King M.D.

Physician

(Physician or ~~midwife~~)

Address Montpelier Idaho

Filed 12-15-1920 N H King

Registrar

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 85587

Date Filed May 5, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Franklin Welker Jones (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 8, 1920 (DATE OF EVENT)
in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on _____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Franklin Welker Jones

Subscribed and sworn to before me this 5th
day of May, 19 42
Marion E. Orr
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Mrs. LeRoy Jones
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

_____
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____

Signed _____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

_____
Notary Public, residing at _____

_____
(STREET ADDRESS, CITY, STATE)

My commission expires _____
(SEAL)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

MAY 1942

365-109-004-695

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 54

File No. 85588

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 12 (Month) 9 (Day) 28 (Year)

FATHER		MOTHER	
FULL NAME	Gilbert H Conley	FULL MAIDEN NAME	Wanda M Lindley
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Paris
OCCUPATION	Cook	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Conley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-15-20 19.....

H H King
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-109-004-214

PLACE OF BIRTH

name added 6-9-83

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardboro

Registration District No. 52 File No. 85589

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Forrest W Dayton

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 9 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	C M Dayton	FULL MAIDEN NAME	Mary E Bareqreen
RESIDENCE	Temple	RESIDENCE	Temple
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Temple	BIRTHPLACE	Temple
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 45 9 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 12-15-19 20

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bear Lake } ss.

Certificate No. 85589
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Dayton (male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 9, 1920 (Date of Event)
in Dingle, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Forrest W. Dayton

Subscribed and sworn to before me this 13th day of June, 1980.
Notary Public, Elaine W Webb
Residing at Paris, Idaho
My commission expires Non-Expiring
(Seal)

Mrs. Forrest Dayton
Signature of Applicant
Dingle, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 13th day of June, 1980.
Notary Public, Elaine W Webb
Residing at Paris Idaho
My commission expires Non-Expiring
(Seal)

Louise Loertscher
Supporting Signature
262 N 3rd Montpelier
Street Address, City, State
Idaho 83255

3/6/80 Accredit

Application for Livestock Brand lists applicant as Forrest W Dayton of Dingle Idaho. Signed and notarized on Dec 7, 1955. Viewed by V.S.

Insurance policy from Combined Insurance Co of America gives insured as Forrest W Dayton. Date of Issue Oct 19, 1972. Viewed by V.S.

JUN 9 1983

613-104-004-294

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

85590

County of Bear Lake

City of Montpelier

Registration District No. 52 File No.

No. St.

Primary Registration District No. 2136 Registered No.

Hospital

FULL NAME OF CHILD Lowane R. Walton

Sex of Child boy | Twin Triplet or other? \ and Number in order of birth 2 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 4 1920 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	J. R. Walton	FULL MAIDEN NAME	Ella V. Bruce
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Afton, Wyom.	BIRTHPLACE	Smoot, Wyom.
OCCUPATION	Stage Line	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley, Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Montpelier, Ida

Filed 12-15-20 19

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 4 1994

513-222-004-195

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85591

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jone La Rue Nate

Sex of Child Gen

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? J

Date of Birth 8 (Month) 22 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	C N Nate	FULL MAIDEN NAME	Tina Arnold
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Sunnyside	BIRTHPLACE	Montpelier
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 19 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 12-15 1920

H H King

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 85591

Date Filed May 13, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Done La Rue Nate (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 22, 1920 (DATE OF EVENT)
in Montpelier, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Mother) (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 13, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Done La Rue Nate
birthdate	~~July 24, 1920~~	August 22, 1920

Subscribed and sworn to before me this 13th day of May, 1942

Albert W. Jones

Notary Public, residing at Montpelier Idaho

My commission expires Notary Public, Residing at Montpelier, Idaho My Commission Expires April 14, 1944 (SEAL)

Signed Mrs. Tiena Arnold (Nate) Armatage
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 185 Montpelier, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 1942

Albert W. Jones

Notary Public, residing at Montpelier Idaho

My commission expires Notary Public, Residing at Montpelier, Idaho My Commission Expires April 14, 1944 (SEAL)

Signed Mrs. Angie C. Arnold
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Box 246 Montpelier Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 14 1942 By
(REGISTRAR'S SIGNATURE)

MAY 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH 248-110-004-245

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

Registration District No. 52 File No. 85592

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD ORSON JAY BUHLER

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 9 (Month) 10 (Day) 1928 (Year)

FATHER		MOTHER	
FULL NAME	Chris Buhler	FULL MAIDEN NAME	Mable ~~Kunz~~ Kunz
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Bern	BIRTHPLACE	Bern
OCCUPATION	Farm	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Alive, at 5 P M. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Buhler

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 12-1- 1928 N H Kenny Registrar.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUN 13 1941

State of Idaho } ss.
County of Bear Lake }

Certificate No. 85592
Date Filed 6/14/41

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Orson Jay Bubler (Name on original certificate) who Was born (Was born or died) on September 10, 1920 (Date of event)
in Bern, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Church Record (Bible record, insurance policy, etc.) prepared on September 10, 1920 (Give date) are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Waffle Kung	Mable King	Waffle Kung
September 10, 1920	August 15, 1920	September 10, 1920

Subscribed and sworn to before me this 12th. day of June, 19 41

Ted D. Rice
Notary Public, residing at Paris, Idaho.
My commission expires Oct. 2, 1942
[SEAL]

Signed Chris Bubler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Bennington, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bear Lake }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th. day of June, 19 41

Ted D. Rice
Notary Public, residing at Paris, Idaho.
My commission expires Oct. 2, 1942
[SEAL]

Signed Walter Bubler (Ward Clerk)
(Signature of any credible person other than the previous affiant)
Bern Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JUN 19 1941

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH
235-119-004-867

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85593

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8 (Month) 19 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Felt Stephens	FULL MAIDEN NAME	Celia Hoggie
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Mrs

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuckley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 12-1- 19 20

H H King
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-230-004-759

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boor Lake

City of Nameau

Registration District No. 52 File No. 85594

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD VIOLET WUTHRICH

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth August 30th 1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Wuthrich	FULL MAIDEN NAME	Martha Gertsch
RESIDENCE	Bonifacius	RESIDENCE	Bonifacius
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 9 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lukley

Phys

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 12-15- 1920 H H King

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO, } ss.
County of Bear Lake, }

Certificate No. 85594
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Violet Wuthrich (Name on original certificate) who born (Was born or died) on August 3, 1921, (Date of event)
in Nounan, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by myself, as mother, (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Wuthrich	Violet Wuthrich
Date	Oct. 6, 1920	Aug. 30, 1921
Mother's name	Martha Gertsch Wuthrich	Martha Gertsch Wuthrich,

Subscribed and sworn to before me this 8th
day of December, 19 41
Chas E Evans
Notary Public, residing at Montpelier, Idaho
My commission expires Mch. 7. 1942.
[SEAL]

Signed Martha Gertsch Wuthrich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Nounan. Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bear Lake, }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of December, 19 41
Chas E Evans
Notary Public, residing at Montpelier, Idaho
My commission expires March 7, 1942.
[SEAL]

Signed Edward Grajean
(Signature of any credible person other than the previous affiant.)
Montpelier, Idaho.
(Street Address, City, State)

Received for filing on ..... 19..... By .....
(Registrar's signature)

2 copies

DEC 1 1947

369 - 109 - 004 - 866

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 85595

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 8-9-20 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Cozzens	FULL MAIDEN NAME	Ruby Hoff
RESIDENCE	Paris Idaho	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Georgetown
OCCUPATION	Miner	OCCUPATION	Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. F. Ashley

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Address Montpelier

Filed 12-1- 1920

H H King
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-210-004-769

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sanach

Registration District No. 52 File No. 85596

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Gia | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Jim | Date of Birth 9 (Month) 10 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Beck	FULL MAIDEN NAME	M. A. Porter
RESIDENCE	Sanach	RESIDENCE	Sanach
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Afton Wyo
OCCUPATION	Farm	OCCUPATION	Wyo

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cuddy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Ida

Filed 12-1- 1920 H H Rung

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

615-212-004-168

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Registration District No. 52 File No. 85597

Primary Registration District No. 2,36 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9 (Month) 12 (Day) 1920 (Year)

FATHER		MOTHER	
FULL NAME	R W Farris	FULL MAIDEN NAME	Ann E Johnson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Culley

Mangelle
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 12-1- 1920

A H King
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC...

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

DUP OF 1920-400855

464-120-004-386

Amended 3-9-78

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 85598
Local Reg. No. 52
Reg. Dist. No. 2136

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bloomington

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Wyoming b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Afton

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Irvin b. (Middle): Lagrand c. (Last): Mouritsen

4. SEX: Male

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 20, 1920

FATHER OF CHILD

7. FULL NAME a. (First): Irvin b. (Middle): c. (Last): Mouritsen

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Bennington

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Lula b. (Middle): Ellen c. (Last): Thornock

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Bloomington

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: George Ackley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: BearLake, Idaho

20. DATE SIGNED: December 1, 1920

21. DATE REC'D BY LOCAL REG.: 12-1-20

22. REGISTRAR'S SIGNATURE: H. H. King

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used

CK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with the
GISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 13 3 46 PM '78

State of IDAHO
County of CARIBOU } ss.

Certificate No. 85598

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mourtensen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 20, 1920 (Date of Event)
in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Mourtensen	Irvin Lagrand Mouritsen
father's last name	Mourtensen, Irving	Mouritsen, Irvin

Subscribed and sworn to before me this 24 day of January 1978

Notary Public, residing at Soda Springs, Idaho
My commission expires Lifetime
(Seal)

Signed Irvin Mouritsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
PO Box #562, Grace, Ida 83241
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of CARIBOU } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of January, 1978

Notary Public, residing at Soda Springs, Idaho
My commission expires Lifetime
(Seal)

Signed Zeke Mouritsen
(Signature of Any Credible Person)
Box 562 Grace Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12/1/75 nm

Irvin Lagrand Mouritsen's certificate of Baptism and Confirmation gives name spelled correctly. Baptized March 2, 1930 in L.D.S.Church. Record also gives birthdate as Sept. 20, 1920 at Bloomington, Idaho.
Viewed by V.S.

Certificate of Blessing gives name as Irwin LaGrand Mouritsen son of Irwin Mouritsen and Ellen Thornock born Sept. 20, 1920 at Bloomington, Bear Lake, Idaho. Blessed December 5, 1920, in L.D.S.Church.
Viewed by V.S.

415-120-004-386

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 52 File No. 85598

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 9-20-1920 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Irving Hawthorne	FULL MAIDEN NAME	Lulla Ellen Thornick
RESIDENCE	Afton Wyo	RESIDENCE	Afton Wyo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 49 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 12-1-1920 N N King Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-27-004-264

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 85599
Local Reg. No.
Reg. Dist. No. 52

Amended 8/2/76

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Thomas
b. (Middle): Walter
c. (Last): Seewer

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): September 27, 1920

FATHER OF CHILD

7. FULL NAME
a. (First): Carl
b. (Middle):
c. (Last): Seewer

8. AGE (At time of this birth): 26 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Montpelier
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lydia
b. (Middle):
c. (Last): Sommers

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Montpelier
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Geo. F. Ashley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12-1-20
22. REGISTRAR'S SIGNATURE: H. H. King
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 9 PM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO. Address

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 20 3 45 PM '76

State of Idaho
County of Bear Lake } ss.

Certificate No. 85599

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Seewer (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1920 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Blessing & Cert. of Baptism & Confirmation (Bible Record, Insurance Policy, Etc.) prepared on December 27, 1920 Nov. 22, 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Thomas W. Seewer
Child's Date of Birth	Oct. 1, 1920	September 27, 1920
Mother's Maiden Name	L. G. Sumner's	Lydia Sommers

Subscribed and sworn to before me this 21 day of May, 19 76

Notary Public, residing at Montpelier, Ida.
My commission expires 2/4/78
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

736 Washington St., Montpelier, Idaho, 83254 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of May, 19 76

Notary Public, residing at Montpelier, Ida.
My commission expires 2/4/78
(Seal)

Signed Alvin Bobs (Signature of Any Credible Person)

834 Jefferson St Montpelier Ida. (Street Address, City, State)

FORM DH 60-155

CL 7-27-61. two copies pd. receipt #19067.

Certif of Baptism and Confirmation from the LDS Church gives the name as Thomas Walter Seewer son of Carl M. Seewer and Lydia Sommers. born Spet. 27, 1920 at Montpelier, Idaho. Baptized Nov 11, 1928. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Thomas Walter Seewer son of Carl W. Seewer and Lydia Sommers Born Sept 27, 1920 at Montpelier, Idaho. Blessed Dec 27, 1920. viewed by V. S.

255-101-004-245

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85599

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 18 (Month) 1 (Day) 28 (Year)

FATHER		MOTHER	
FULL NAME	Carl Seemer	FULL MAIDEN NAME	L. G. Summers
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Mgr

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lechley

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 12-1- 1920

H H Kinney
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1976

815-103-004-156

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 85600

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10 (Month) 3 (Day) 20 (Year)

FATHER		MOTHER	
FULL NAME	Geo Hunter	FULL MAIDEN NAME	Mary E. Jewett
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Fuzzy

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lukley

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida.

Filed 12-15-19 20

H H King
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HUNTER

D. W. DAVIS, GOVERNOR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BOISE, IDAHO

PUBLIC HEALTH SERVICE
FOOD AND DRUG INSPECTION
BACTERIOLOGICAL LABORATORY
CHEMICAL LABORATORY
BUREAU OF CHILD HYGIENE
VITAL STATISTICS
MEDICAL ADVISOR

June 23, 1922.

Mrs. Geo. Hunter,
Montpelier, Idaho.
Box 443.

Dear Madam:

We are in receipt of your letter of recent date regarding birth record of a child born October 3, 1920.

In reply, you are advised that we have a certificate here which could possibly be for the child you mention, however there are several differences occuring.

The mother of this child is Mame Jewett and the father is George Hunter of Montpelier. The child was born October 1, 1920, Dr. Ashley attending. There is no name on the certificate and the sex is given as female.

If there is no connection, please let us know and we will forward a certificate which you can fill out for registration. If this is correct, please let us know and the certificate now on file will be adjusted.

Very respectfully,

P.W. Almond M.D.

P.W. Almond, M.D.
Medical Advisor.

By F.R.

Montpelier Ida.
Jul 13. 22

H. H. Almond M. D.

Dear Sir; - I am quiet sure that the child mentioned in your letter is a certificate of our child but the information ~~is not correct as the child has was~~ born Oct. 3 - 1920 and was male. if you will send me a certificate I will fill it out correctly with name & all. The ~~mistake~~ in the name of the mother is only from a nicmane as my name is Mary L. and I have always been called Mamie.

Resp.
Mrs. Geo. Hunter.
Montpelier Ida.
P. O. Box 443.